EDUCATIONAL SERVICES UNIT
ESU

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Burlington County Special Services School District
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(609) 702-0500

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Deaf / Hard of Hearing Services Request Form

Student Information		**District Information**	
Student's Name:	_____	**School District:**	_____
NJ SID #:	_____	**Contact Person:**	_____
Classification:	_____	**Phone Number:**	( ) _____
DOB:	_____	**FAX Number:**	( ) _____
School Attending:	_____	**Email Address:**	_____
Grade:		**Case Manager:**	

The following are required *for all Services*:

IEP: ☐ **Attached** ☐ **Will be sent separately** **AND** **Audiogram:** ☐ **Attached** ☐ **Will be sent separately**

Deaf and Hard of Hearing Educational Services	
☐ **TOD Service Observation** *6 hour minimum (includes student observation in classroom, dialogue with team, student recommendations and report)*	
☐ **Itinerant Teacher of the Deaf (TOD)**	Start Date:_____ End Date:_____ Frequency:_____
☐ **Educational Interpreter (Ed I)** *6.5 hour daily minimum*	Start Date:_____ End Date:_____ Frequency:_____
☐ **Meeting** ☐ **Assembly Interpretation** *2 hour minimum* ☐ For student ☐ For parent/guardian	Date (s):_____ Location:_____
Listening and Spoken Language Services	
☐ **Cochlear Implant Rehabilitation & Education Service** *6 hour minimum*	
☐ **Auditory Training/Listening Services** *1 hour minimum* *Direct services to build listening pathways or improve listening skills in challenging listening environments within school*	Start Date:_____ End Date:_____ Frequency:_____
Behavioral Services	
☐ **D/HH Functional Behavioral Assessment** ☐ **D/HH Functional Behavioral Assessment with Behavioral Intervention Plan**	
ESY Services	
☐ **Itinerant Teacher of the Deaf (TOD)** *# of hours:*_____ ☐ **Educational Interpreter (Ed I)** *Full Day*	Start Date:_____ End Date:_____ ESY Location:_____ ESY Days/Hours:_____
Comments:	

Signature and date below indicate approval of services requested

_____ _____

CST Director Signature **Date**

Note: Out of county school districts requesting services will incur destination charges to/from service locations outside of Burlington County.
**Minimum 1.0 hour (45 mins contact/15 mins to complete tasks associated with service request) and every hour thereafter will reflect the 45/15 service.*

District Case Manager will be contacted by the D/HH Department upon receipt of the form to confirm the request for services. Please fax the completed form to: 609-534-2066 or email to ESUDHH@burlcoschools.org. Questions please call: 609-702-0500 x7427