EDUCATIONAL SERVICES UNIT
Burlington County Special Services School District
20 Pioneer Blvd., Westampton, NJ 08060-3824
www.edservicesunit.com
(609) 702-0500

Dr. Christopher J. Nagy
BCSSSD/BCIT Superintendent of Schools
cnagy@burlcoschools.org

Andrew Willmott
BCSSSD/BCIT Business Administrator
awillmott@burlcoschools.org

Dr. Bobbie M. Downs
Educational Services Unit Director
bdowns@burlcoschools.org

CHILD STUDY TEAM REQUEST EVALUATIONS & MEETINGS

Student's Name

NJ SID#: C.A. DOB:

Student's Address: Home Phone:

Parent(s) Name: Work Phone:

District of Residence:

School Attending: Grade/Class Type: _____Classification: _____

Case Manager: _____ Teacher: _____

Case Manager Phone: _____ Email: _____

Contact Person to Schedule Testing: _____

Contact Person Phone: _____ Email: _____

Evaluation(s) Requested: **(Check all that apply)** ☐ **Psychological** ☐**Learning** ☐**Social**

(Specify tests, i.e. WIAT, WJ, WISC, WPPSI, WAIS): _____

CST Services: ☐ **Meeting** ☐**Initial Evaluation** ☐ **Re-evaluation** (Specify time/s, date/s, and location/s below)

******MUST ATTACH EVALUATION PLAN TO ALL REQUESTS******

Reason for Referral: _____

Describe interventions that have been attempted to address the problem:

_____

Describe the student's current academic functioning:

_____

Do you require the evaluator at the IEP conference? YES☐ NO☐ NOTE: District will be billed for IEP conference time.

Please check any special considerations: prescription medications___ eyeglasses ___hearing aids
____ Other: Please explain _____

_____ _____
Child Study Team Director Signature Date

PLEASE ATTACH ANY OTHER RELEVANT INFORMATION

Educational Services Unit Use Only
Assignment Date:_____ **Evaluator:**_____
Evaluation Sent to District: _____

EMAIL TO: esupubliccst@burlcoschools.org

Please note that the evaluations will be signed digitally by our evaluators unless otherwise requested.