



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

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TRANSITION SERVICES

<input type="checkbox"/> Job Coaching (non-SLE)	<input type="checkbox"/> Transition Planning	<input type="checkbox"/> Job Placement (non-SLE)
<input type="checkbox"/> Structured Learning Experience (SLE) (includes job placement and job coaching) <input type="checkbox"/> Job Coach requested for student transport	<input type="checkbox"/> Vocational Assessment: (Attach Evaluation Plan) Parent Permission obtained :(Date) Expected IEP Date:	
Service Start Date:		Service End Date:

Student Name:	Case Manager:
DOB:	Phone #:
NJ SID #:	Email:
District:	School Schedule:
School Name:	(Days/hours of student's attendance)
School Phone #:	Date Parent Permission Obtained:
Parent/Guardian: (First and last names)	Address:
House # Street Name	Town/City Zip Code
Home #:	Cell #:
Work #:	E-Mail:

Additional Information:

IEP/Transition Plan (Must be received prior to start of services)

IEP/Transition Plan Attached **Evaluation Plan Attached** **Will Be Sent**

Out of county rate applies to the location where the services are provided. Destination charge for services rendered outside of Burlington County for non-Burlington County School Districts will be calculated in time. For further details see PSA.

CST Director/Principal Signature: _____ **Date:** _____

EDUCATIONAL SERVICES UNIT ONLY					
Date Received: _____	By Whom: _____	Date Reviewed: _____	Accept _____	Decline _____	Wait List _____
Notes:					
Notified District: ___/___/___	By letter ___	Email ___	Phone ___	Who: _____	
Job Coach Assigned: _____	Days: _____	Hours: _____			
IEP Date Received: _____	Copied to: ESU Coordinator	Date: _____	Scanned: _____	Filed: _____	

Please return form via fax to: bdowns@burlicoschools.org
Any questions, please call Bobbie Downs (609) 702-0500 ext. 7406