



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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Assistive Technology Services Request Form

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

The student's IEP is **REQUIRED** for all services. Services will not be assigned until student records are received.

Attached

Will be sent separately

EVALUATION: Evaluation requests are not assigned until student records (IEP and related reports) are received. *A teacher corrected writing sample illustrating the student's mechanics, original work and time on task is required for AT (Educational) Evaluations.

AAC
Augmentative Alternative
Communication

AAC & Speech
AAC and Speech Language
Evaluation

AT
Educational

SUPPORT SERVICES: **AAC** (Augmentative Alternative Communication) **AT** (Educational)

Type of Service:

Ongoing Consultation: Start Date: _____ End Date: _____ Equipment or Device Type: _____

Number of hours _____ **OR** As Needed

Training Only: Date(s): _____ Frequency/Hours: _____

Teacher/Team (Indicate # of adults): _____ Student Parent

ESY SERVICES:

AAC ESY Services: # of hours: _____ Start Date: _____ End Date: _____

ESY Location: _____ ESY Days/Hours: _____

Additional Comments:

Signature and date below indicate approval of services requested

CST Director Signature

Date

Note: Out of county school districts requesting service/s 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. Requests for addendum/appeal writing will be billed at PSA approved hourly rate.

District Case Manager will be contacted by the AT Department upon receipt of the form to confirm the request for services.

Please email the completed form to: ESUATAAC@burlcoschools.org

Questions please call: (609) 702-0500 x7409