



# Educational Services Unit

Burlington County Special Services School District

20 Pioneer Blvd.

Westampton, NJ 08060

www.edservicesunit.com

(609) 702-0500

**Dr. Ashanti Holley**  
Superintendent of Schools  
aholley@burlcoschools.org

**Mr. Andrew Willmott**  
Business Administrator  
awillmott@burlcoschools.org

**Dr. Bobbie Downs**  
Assistant Superintendent  
bdowns@burlcoschools.org

## Deaf / Hard of Hearing 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 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: \_\_\_\_\_

### 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:** \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

ESY Location: \_\_\_\_\_

ESY Program Hours: \_\_\_\_\_

*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 email completed form to ESUDHH@burlcoschools.org. Questions please call: 609-702-0500 x7419**