



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@burlicoschools.org
Andrew Willmott
 BCSSSD/BCIT Business Administrator
 awillmott@burlicoschools.org
Dr. Bobbie M. Downs
 Educational Services Unit Director
 bdowns@burlicoschools.org

Deaf and Hard of Hearing Child Study Team Evaluation Request Form

Student Name:		School District:
DOB:		NJ SID#:
School Attending:		Classification:
Grade:		Case Manager:
Primary Language of student:		Email:
Home Address:		Phone#:
City, State, Zip:		CST Director:
Guardian Name:		Email:
Guardian Email:		Phone Number:
Home #:	Cell #:	Projected Results Meeting Date:

Required Documents

Important Note: We cannot process an evaluation request without the submission of the following documents:

- Evaluation Plan
- Audiogram
- IEP (if applicable)

Evaluations Requested

Evaluation Type:	Evaluation(s) Requested:
<input type="checkbox"/> Initial Evaluation	<input type="checkbox"/> Learning
<input type="checkbox"/> Re-Evaluation	<input type="checkbox"/> Psychological
Evaluator(s) to attend Results Meeting <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	<input type="checkbox"/> Speech Language <input type="checkbox"/> Plus Articulation

Additional Information Required

Amplification

<input type="checkbox"/> Personal Hearing Aids _____ (Age first aided)	<input type="checkbox"/> Personal FM System <input type="checkbox"/> Classroom Soundfield System
---	---

Cochlear Implant

<input type="checkbox"/> Cochlear Implant: <input type="checkbox"/> Right <input type="checkbox"/> Left	Age of Implantation: _____
---	----------------------------

Current Support

<input type="checkbox"/> IMPORTANT: Check here if the student requires an Educational Interpreter for testing.	<input type="checkbox"/> Teacher of the Deaf	<input type="checkbox"/> Educational Audiologist
---	--	--

If an Educational Interpreter is required, the EdI will be present during the observation and testing. See PSA for additional costs for Educational Interpreters

Notes for the Evaluator:

Please Note: Our evaluation process includes a record review and one formal classroom observation in accordance with NJAC6A:14. If additional observations are desired, please contact our office.

CST Director Signature

Date

Send Completed Request to: ESUDHHCST@burlicoschools.org or Phone #: 609-702-0500 x7409
 If Evaluator(s) requested at results meeting, district will be billed for IEP conference time.