

**DEPARTMENT OF SPECIAL SERVICES
TOWNSHIP OF UNION PUBLIC SCHOOLS
M-E-M-O-R-A-N-D-U-M**

TO: Pat Ditri

From: Donna Wozniak 

Re: Board Agenda

Date: June 3, 2014

Please place the following on the board agenda.

The committee recommends and I so move that approval be given to New Jersey Specialized Child Study Team (Katzenbach School for the Deaf) to provide Partial Evaluations Package at the rate of \$1350, Individual Evaluations at the rate of \$400 per evaluation for the 2014-2015 School Year, not to exceed \$4,500. (Acct. 11-000-219-320-01-19)

New Jersey Specialized Child Study Team

Evaluation Services for Students who are Deaf or Hard of Hearing

P.O. BOX 535, Trenton, New Jersey 08625-0535

609-530-3145 (Voice) (609)-530-3141 (Fax)

REQUEST FOR SERVICE

PLEASE COMPLETE/SIGN ALL AREAS BELOW

Check Requested Services

	<p>District Information:</p> <p>▶ _____</p> <p>Name of District</p>						
<p><input type="checkbox"/> PARTIAL EVALUATION PACKAGE \$1350</p> <p>Speech/Language Psychological Educational Staffing***</p> <p>***With a Full or Partial Package, NJSCST representatives will attend the student's Eligibility meeting, upon request and pending mutual scheduling availability, to present their findings.</p>	<p>▶ _____</p> <p>Phone Number</p> <p>▶ _____</p> <p>Address</p>						
<p><input type="checkbox"/> INDIVIDUAL EVALUATIONS</p> <p><input type="checkbox"/> Speech/Language \$400 <input type="checkbox"/> Educational \$400 <input type="checkbox"/> Psychological \$400 <input type="checkbox"/> Staffing*** \$150</p> <p>Total Individual Evaluation Fee: _____</p> <p>***When 2 or more individual evaluations are requested, NJSCST representatives may attend the student's Eligibility meeting, upon request and pending mutual scheduling availability, to present their findings, for the additional fee listed above.</p> <p>NOTE: If the NJSCST is unable to provide evaluation services, the district will be notified immediately. In this event, the contract will be voided and there will be no charge assessed to the district by the NJSCST. In instances of vacancy/absence of full time staff members, qualified consultants may be used. Contract void if funding is not allocated to support the NJSCST.</p>	<p>▶ _____</p> <p>City</p> <p>▶ _____</p> <p>State Zip</p> <p>▶ _____</p> <p>County</p> <p>▶ _____</p> <p>Name of Student</p> <p style="text-align: center;">SIGN HERE</p> <p style="text-align: center;">▼</p>						
<p style="text-align: center;">NJSCST USE ONLY</p> <p>Student's Name: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NJSCST</th> <th style="width: 33%;">Date</th> <th style="width: 33%;">Student Case#</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>(revised 3/2013)</p>	NJSCST	Date	Student Case#				<p>Signature of District Representative</p> <p>▶ _____</p> <p>Name of District Representative Date (please print)</p> <p>▶ _____</p> <p>Title of Person Authorizing Contract</p>
NJSCST	Date	Student Case#					