

P-8

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

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**TO: Greg Tatum  
C: Diane Cappiello  
Julie Vicidomini**

**From: Kim Conti** 

**Re: Board Agenda**

**Date: April 5, 2016**

**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 2016-2017 School Year, not to exceed \$2,000.00 (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 500, Trenton, New Jersey 08625-0500  
 Phone (Voice) 609-633-7321 Fax 609-292-4433

**REQUEST FOR SERVICE**  
**PLEASE COMPLETE/SIGN ALL AREAS BELOW**  
**Check Requested Services**

<p><input type="checkbox"/> <b>PARTIAL EVALUATION PACKAGE \$1350</b>                  Speech/Language                  Psychological                  Educational                  Eligibility Meeting***</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><b>District Information:</b></p> <p>▶ _____  <b>Name of District</b></p> <p>▶ _____  <b>Phone Number</b></p> <p>▶ _____  <b>Address</b></p>								
<p><input type="checkbox"/> <b>INDIVIDUAL EVALUATIONS</b></p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Speech/Language</td> <td align="right"><b>\$400</b></td> </tr> <tr> <td><input type="checkbox"/> Educational</td> <td align="right"><b>\$400</b></td> </tr> <tr> <td><input type="checkbox"/> Psychological</td> <td align="right"><b>\$400</b></td> </tr> <tr> <td><input type="checkbox"/> Eligibility Meeting***</td> <td align="right"><b>\$150</b></td> </tr> </table> <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>	<input type="checkbox"/> Speech/Language	<b>\$400</b>	<input type="checkbox"/> Educational	<b>\$400</b>	<input type="checkbox"/> Psychological	<b>\$400</b>	<input type="checkbox"/> Eligibility Meeting***	<b>\$150</b>	<p>▶ _____  <b>City</b></p> <p>▶ _____  <b>State</b> <span style="float: right;"><b>Zip</b></span></p> <p>▶ _____  <b>County</b></p> <p>▶ _____  <b>Name of Student</b></p> <p align="center"><b>SIGN HERE</b>                  ▼</p> <p>_____  <b>Signature of District Representative</b></p> <p>▶ _____  <b>Name of District Representative</b> <span style="float: right;"><b>Date</b></span>                  (please print)</p> <p>▶ _____  <b>Title of Person Authorizing Contract</b></p>
<input type="checkbox"/> Speech/Language	<b>\$400</b>								
<input type="checkbox"/> Educational	<b>\$400</b>								
<input type="checkbox"/> Psychological	<b>\$400</b>								
<input type="checkbox"/> Eligibility Meeting***	<b>\$150</b>								
<p><b>NJSCST USE ONLY</b></p>									
<p>Student's Name: _____</p>									
<p>NJSCST</p>	<p>Date</p>	<p>Student Case#</p>							
<p>(revised 3/2013)</p>									