

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>Name of District _____</p>								
<p><input type="checkbox"/> PARTIAL EVALUATION PACKAGE \$1350 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>Phone Number _____</p> <p>Address _____</p>								
<p><input type="checkbox"/> INDIVIDUAL EVALUATIONS</p> <table border="0"> <tr><td><input type="checkbox"/> Speech/Language</td><td>\$400</td></tr> <tr><td><input type="checkbox"/> Educational</td><td>\$400</td></tr> <tr><td><input type="checkbox"/> Psychological</td><td>\$400</td></tr> <tr><td><input type="checkbox"/> Staffing***</td><td>\$150</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><b>NOTE:</b> 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	\$400	<input type="checkbox"/> Educational	\$400	<input type="checkbox"/> Psychological	\$400	<input type="checkbox"/> Staffing***	\$150	<p>City _____</p> <p>State _____ Zip _____</p> <p>County _____</p> <p>Name of Student _____</p> <p><b>SIGN HERE</b></p>
<input type="checkbox"/> Speech/Language	\$400								
<input type="checkbox"/> Educational	\$400								
<input type="checkbox"/> Psychological	\$400								
<input type="checkbox"/> Staffing***	\$150								
<p align="center"><b>NJSCST USE ONLY</b></p> <p>Student's Name: _____</p> <table border="1"> <thead> <tr> <th>NJSCST</th> <th>Date</th> <th>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>Name of District Representative _____ Date _____ (please print)</p> <p>Title of Person Authorizing Contract _____</p>		
NJSCST	Date	Student Case#							