

EDUCATIONAL SERVICES COMMISSION OF MORRIS COUNTY

PROFESSIONAL SUPPORT SERVICE REQUEST

PHONE: (973) 540-8844 ext.15

FAX (973) 540-1746

Please complete this form and FAX 973-540-1746 or email to **ESC Department of Special Services** as soon as possible. (ucassidy@escmorris.com)

Please submit this form ONLY after parent/guardian consent has been received by the district.

District: _____ **DATE:** _____

District Contact _____ **Phone:** _____ **X** **Fax:** _____

Email address: _____

EVALUATION REQUEST: _____ **Initial** _____ **Re-Evaluation**

Social Educational Psychological Speech OT PT

Classification: _____

Reason for Referral: (Student info i.e., behaviors, medical issues, attach additional sheet if necessary)

SERVICE REQUEST:

Speech OT PT Home Instruction Attend Meeting Other _____

Start Date: _____ Location: _____ Frequency/Duration: _____

Please factor in time for prep/lunch and travel between classrooms/schools when anticipating needs. Estimate: 30 minutes prep for every 1-4 hours of services, exclusive of travel. OT, PT, Speech, Home Instruction Services are billed at a minimum of one hour.

Print Student's Name: _____ **Grade** _____ **D.O.B.** _____

Student's Address: _____

Parent/Guardian Name: _____ Cell Phone: _____

School Name: _____ School Phone: _____

School Address: _____

DISTRICT DUE DATE: _____

Please allow 6 weeks in advance to complete an evaluation.

Please Note:

The calculations for services are for the professional who is assigned to your district to perform the service. It is not for the service rendered. Unlike the Individual Services which culminate in a specific report, Annual Services must include the usual and customary provisions for public school employees. Your request and use of ESC services implies that you accept the responsibility for SHARING an employee with other districts.

AUTHORIZED DISTRICT SIGNATURE: _____

(Signature Required for Processing)

Commission Use Only: _____ **Evaluation Case #** PS

LDT-C _____	Notified _____	Comp/Sent to Dist _____
Social Worker _____	Notified _____	Comp/Sent to Dist _____
Psychologist _____	Notified _____	Comp/Sent to Dist _____
Speech _____	Notified _____	Comp/Sent to Dist _____
OT _____	Notified _____	Comp/Sent to Dist _____
PT _____	Notified _____	Comp/Sent to Dist _____
Other _____	Notified _____	Comp/Sent to Dist _____