

EDUCATIONAL SERVICES COMMISSION OF MORRIS COUNTY

PROFESSIONAL SUPPORT SERVICE REQUEST

PHONE: (973) 540-8844 ext.15

FAX (973) 540-1746

EMAIL: (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
(IQ TEST ONLY)

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.

DATE PARENT SIGNED CONSENT: _____

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 _____ |