


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

TO: Greg Tatum
C: Diane Cappiello
Julie Vicidomini

From: Kim Conti 

Re: Board Agenda

Date: April 26, 2017

Please place the following on the board agenda.

**Approve New Jersey Specialized Child Study Team to provide Individual Evaluations at the rate of \$550 per evaluation, \$950 for 2 evaluations and \$1350 for 3 evaluations for the 2017-2018 School Year, not to exceed \$2,700.00
(Acct. 11-000-219-320-01-19)**

CHRIS CHRISTIE
Governor
KIM GUADAGNO
Lt. Governor
KIMBERLEY HARRINGTON
Acting Commissioner



New Jersey Specialized Child Study Team
Evaluation Services for Students who are Deaf or Hard of Hearing

PO Box 500
Trenton, NJ 08625-0500
609-633-7321 (V)
609-292-4433 (F)
njscst@doe.state.nj.us

REQUEST FOR SERVICE

Please sign and complete all sections below

Name of Student: _____

District Information: _____

Name of District

Phone Number

Email Address

Street Address

City/Zip code

County

Evaluations: Any one evaluation: \$ 550
Any two evaluations: \$ 950
All three evaluations: \$1350

Evaluations requested: Educational
 Psychological
 Speech/Language

Total Evaluation Fee: _____

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. The contract will be void if funding is not allocated to support the NJSCST. Once begun, the evaluation process normally takes approximately eight weeks to complete after the final testing date, excluding school vacations or student absences.

NJSCST representatives are available to attend the student's eligibility meeting to present their findings. The \$150 for attendance at the eligibility meetings is incorporated into the total cost for all Evaluations and is not deductible if the NJSCST does not attend the meeting.

SIGN HERE: _____
Signature of District Representative Date

Name of District Representative (Print) Title of Person Authorizing Contract

NJSCST USE ONLY

Student's Name _____ Case# _____

Updated 6/2016