

**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
Julia Vicidomini**

From: Kim Conti

Re: Board Agenda

Date: May 14, 2018

Please place the following on the board agenda.

Approve New Jersey Specialized Child Study Team to provide Educational, Psychological, and Speech/Language Evaluations at the rate of \$550 per evaluation, \$950 for 2 evaluations and \$1350 for 3 evaluations for the 2018-2019 School Year, not to exceed \$2,700.00 (Acct. 11-000-219-320-01-19)

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

KIMBERLEY HARRINGTON
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

Attendance by representatives from the NJSCST at the student's eligibility meeting to present findings is included in all fees.

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, excluding school vacations or student absences.

The payment of the total amount due for these evaluations will be made via a deduction from your district's state aid payment. Your district's Chief School Administrator and Certified Business Administrator will receive a separate notice from the Office of School Finance prior to initialization of the state withholding.

SIGN HERE: _____

Signature of School Business Administrator

Date

Name of District School Business Administrator (Print)

NJSCST USE ONLY

Student's Name _____ Case# _____

Received by _____ Date _____