

REQUEST FOR EVALUATION FORM: RELATED SERVICES

INSTRUCTIONS

Please use this form to make any requests for evaluation. The South Bergen Jointure Commission will review your request and provide you with a prompt response as to our ability to fulfill your requests. **Please return the completed form to relatedservices@njsbjc.org.**

DATE OF REQUEST: _____	GRADE: _____
SENDING DISTRICT: _____	CASE MANAGER: _____
SCHOOL NAME: _____	CASE MANAGER PHONE: _____
SCHOOL ADDRESS: _____	PARENT/GUARDIAN: _____
CHILD'S NAME: _____	PARENT/GUARDIAN PHONE: _____
CHILD'S DATE OF BIRTH: _____	ADDRESS: _____

Check Services Requesting:

(Please give as much notice as possible)

		Initial Eval.	Re-Eval
		(Please ✓ which type)	
<input type="checkbox"/> Occupational Therapy Evaluation	IEP Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Therapy Evaluation	IEP Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speech Therapy Evaluation	IEP Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Behavioral Evaluation with (BIP*) extra hours	IEP Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Behavioral Evaluation without (BIP*)	IEP Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Educational Evaluation	IEP Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Educational Evaluation requiring attendance at IEP Meeting**	IEP Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Psychological Evaluation	IEP Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Psychological Evaluation requiring attendance at IEP Meeting**	IEP Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Therapy Evaluation Please specify therapy: _____	IEP Date _____	<input type="checkbox"/>	<input type="checkbox"/>

* BIP Behavior Intervention Plan

** Attendance at IEP Meeting requires extra hours and will be billed

SBJC OFFICE USE ONLY

DATE REVIEWED: _____

CAN ACCOMMODATE REQUEST: YES NO

REQUESTING DISTRICT NOTIFIED OF DECISION ON: _____