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## REQUEST FOR SERVICES

**\*\* ALL CONTRACTS END JUNE 30<sup>TH</sup> – A NEW FORM IS REQUIRED IN THE SPRING FOR SUMMER CONTRACTS \*\***

### 1. PERIOD

☐ SEPTEMBER 2018-JUNE 2019 ☐ JULY 2019 ☐ JULY–AUGUST 2019 ☐ SEPTEMBER 2019-2020

### 2. SERVICE INFORMATION (STUDENT SERVICES)

**PLEASE COMPLETE ELECTRONICALLY USING ADOBE ACROBAT OR PRINT LEGIBLY**

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 PARENT'S NAME(S): \_\_\_\_\_ PHONE: \_\_\_\_\_ MAY WE CONTACT PARENT(S) ☐ YES ☐ NO  
 HOME ADDRESS: \_\_\_\_\_  
 SCHOOL STUDENT ATTENDS: \_\_\_\_\_ SCHOOL PHONE NUMBER: \_\_\_\_\_  
 SCHOOL ADDRESS: \_\_\_\_\_  
 CLASSIFICATION: \_\_\_\_\_ OR ☐ N/A  
 CASE MANAGER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CONTACT PERSON TO SCHEDULE APPOINTMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 CONTACT PERSON EMAIL: \_\_\_\_\_

### 3. THE FOLLOWING IS A REQUEST FOR: (CHECK ONE OR MORE)

**FOR HEARING SERVICES-PLEASE USE SOUND SOLUTIONS REQUEST FORMS**

ASSISTIVE TECHNOLOGY (SEE #4)	PARA EDUCATOR TRAINING	THERAPUTIC YOGA
(ACADEMIC SUPPORTS)	BEHAVIOR ANALYSIS SERVICES	SIGN LANGUAGE INTERPRETER
AUGMENTATIVE COMMUNICATION (SEE #4)	NON-AUTISM SERVICES	FT PT
(COMMUNICATION SUPPORT/DEVICES)	ABA HOME PROGRAM/PARENT TRAINING	RELATED SERVICES (SELECT)
EDUCATIONAL CONSULTING SERVICES	FUNCTIONAL BEHAVIOR ASSESSMENT	SPEECH OT PT
EQUIPMENT RENTAL (SEE #6)	ABA CONSULTATION FOR STUDENT	CST EVALUATION (SELECT)
TRANSITION/SCHOOL TO CAREERS	ABA STAFF TRAINING/CONSULTATION	SOCIAL EDUCATIONAL
INCLUSION/MAINSTREAMING	THERAPEUTIC ADVENTURE	PSYCHOLOGICAL

☐ OTHER (SPECIFY: \_\_\_\_\_)

HAVE YOU DISCUSSED THIS REQUEST WITH AN ED. ENTERPRISES STAFF PERSON? YES NO NAME: \_\_\_\_\_

### 4. TYPE OF SERVICE: (CHECK ONE OR MORE)

EVALUATION ONGOING SERVICES FREQUENCY: #OF HOURS REQUESTED: \_\_\_\_\_ PER: WEEK MONTH YEAR  
 WORKSHOP OTHER: \_\_\_\_\_

DESCRIPTION OF SERVICE REQUESTED: \_\_\_\_\_

### 5. SERVICE INFORMATION-WORKSHOPS- (TO BE CONFIRMED)

TITLE OF WORKSHOP(S): \_\_\_\_\_ LOCATION OF WORKSHOP(S): \_\_\_\_\_

DATE(S) OF WORKSHOP: \_\_\_\_\_ TIME OF WORKSHOP(S): \_\_\_\_\_ # OF WORKSHOP PARTICIPANTS: \_\_\_\_\_

### 6. REPORTS AND EVALUATIONS:

**SENT TO DIRECTOR OF SPECIAL SERVICES**

**\*\*MUST BE COMPLETED\*\***

DIRECTORS FULL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

### 7. CONTRACT INFORMATION:

**SENT TO DIRECTOR OF SPECIAL SERVICES**

**\*\*MUST BE COMPLETED\*\***

PERSON REQUESTING SERVICES: \_\_\_\_\_ TITLE: \_\_\_\_\_

DISTRICT: \_\_\_\_\_ PHONE#: \_\_\_\_\_ FAX# \_\_\_\_\_ EMAIL: \_\_\_\_\_

### **\*\*SEND CONTRACT TO ADMINISTRATOR:**

FULL NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ PHONE#: \_\_\_\_\_ FAX# \_\_\_\_\_ EMAIL: \_\_\_\_\_

**\*\*AUTHORIZED BY (SIGNATURE):**

\_\_\_\_\_

DATE: \_\_\_\_\_