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**BERGEN COUNTY**  
Special Services School District  
EST. 1971  
Sound Solutions



**GRISEL ESPINOSA**  
Supervisor - Educational Enterprises

**LISA STEWART**  
Supervisor - Sound Solutions

Please email completed form to: [lisstew@bergen.org](mailto:lisstew@bergen.org)

**TEACHER OF THE DEAF AND HARD OF HEARING SERVICES**  
**AUDITORY VERBAL BASED TECHNIQUES**

SEPTEMBER 2018-JUNE 2019

SEPTEMBER 2019-JUNE 2020

SEPTEMBER 2020-JUNE 2021

**PLEASE COMPLETE ELECTRONICALLY OR PRINT LEGIBLY**

**SERVICE INFORMATION (STUDENT SERVICES)**

STUDENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT'S NAME(S): \_\_\_\_\_ PHONE: \_\_\_\_\_ MAY WE CONTACT PARENT(S)?  Y  N

HOME ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL STUDENT ATTENDS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

CASE MANAGER NAME(S): \_\_\_\_\_ E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

DIRECTOR OF SPECIAL SERVICES NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**REPORTS WILL BE SENT TO DIRECTOR/ADMINISTRATOR**

**\*\*\*MUST PROVIDE CURRENT AUDIOLOGICAL REPORT\*\*\***

**THE FOLLOWING IS A REQUEST FOR (CHECK ONE OR MORE)**

**TEACHER OF THE DEAF AND HARD OF HEARING**

CONSULTATION TO DETERMINE SERVICES (1-3 HR. MAX)

IN-SERVICE/WORKSHOP: "EDUCATION FOR STUDENTS WHO ARE DEAF/HARD OF HEARING"

(INCLUDED W/ DIRECT SERVICES OF 2x/wk. OR MORE)

DIRECT SERVICES (SESSION = 45 MINUTES)    1x/wk.    2x/wk.    3x/wk.    4x/wk.    Other\*\* \_\_\_\_\_

**AUDITORY VERBAL BASED TECHNIQUES with LISTENING AND SPOKEN LANGUAGE SPECIALIST**

CONSULTATION:  1x/yr.    2x/yr.     3x/yr.     4x/yr.     Other\*\* \_\_\_\_\_

DIRECT SERVICE:  1 SESSION/WEEK (45 MINUTES)

**\*\*Services less than 1 session per week will have 2 hours added to contract for service reporting**

**\*\*\*CONTRACT INFORMATION - MUST BE COMPLETED**

**\*\*CONTRACT WILL BE SENT TO (ADMINISTRATOR)**

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

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

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

AUTHORIZED BY (SIGNATURE): \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE SEND ANY ADDITIONAL INFORMATION ON A SEPARATE PAGE**

**Office Use Only**

Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Assigned: \_\_\_\_\_