



Educational Enterprises ■ Sound Solutions

540 Farview Ave, 3rd Floor, Paramus, NJ 07652 ■ Tel. (201) 343-6000 ex 6511 ■ Fax (201) 291-0492

E-MAIL: lisstew@bergen.org



GRISEL ESPINOSA
Supervisor - Educational Enterprises

LISA STEWART
Supervisor - Sound Solutions

TEACHER OF THE DEAF AND HARD OF HEARING SERVICES LISTENING AND SPOKEN LANGUAGE SPECIALIST (AVT) – CERTIFIED SPEECH THERAPISTS

SEPTEMBER 2017 TO JUNE 2018

SEPTEMBER 2018 TO JUNE 2019

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: _____ SCHOOL 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 (1X - 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 MIN TO 1 HR.) 1x/wk. 2x/wk. 3x/wk. 4x/wk. Other** _____

LISTENING AND SPOKEN LANGUAGE (AUDITORY VERBAL TECHNIQUES) – CERTIFIED SPEECH THERAPIST

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

DIRECT SERVICE: 1 SESSION/WEEK

****Services less than 1 session per week will have 2 hours added to contract for progress 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: _____ |