



540 Farview Avenue  
3<sup>rd</sup> Floor  
Paramus, NJ 07652



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**GRISEL ESPINOSA**  
Supervisor-Educational Enterprises

**LISA STEWART**  
Supervisor-Sound Solutions

**EDUCATIONAL AUDIOLOGY SERVICES**

**AUDIOLOGY SERVICES** include HAT fitting, technical assistance, record review, staff/parent consultation, meetings, phone/email contact and prep time.  
**NOTE:** Contract for audiological services is from July 1<sup>st</sup> through June 25<sup>th</sup>. Dates subject to BCSS district scheduling changes. Please list all students. Place additional students on other page.

JULY 2018 to JUNE 2019

JULY 2018 to JUNE 2019

JULY 2018 to JUNE 2019

DISTRICT: \_\_\_\_\_

HOURS REQUESTED: \_\_\_\_\_

**PLEASE COMPLETE ELECTRONICALLY OR PRINT LEGIBLY**

STUDENT NAME	DOB	SCHOOL	CASE MANAGER	CM EMAIL	CM PHONE NUMBER	MAY WE CONTACT PARENT/GUARDIAN
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO

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

**FULL NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**COUNTY:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**\*\*\*AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR SOUND SOLUTIONS: INITIALS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **ASSIGNED:** \_\_\_\_\_

