540 Farview Avenue
3rd Floor
Paramus, NJ 07652

201-343-6000 x 6511

201-291-0492

BERGEN COUNTY
Special Services School District
Sound Solutions

GRISEL ESPINOSA
Supervisor - Educational Enterprises

LISA STEWART
Supervisor - Sound Solutions

Please email completed form to: lisstew@bergen.org

TEACHER OF THE DEAF AND HARD OF HEARING SERVICES

AUDITORY VERBAL BASED TECHNIQUES WITH LISTENING AND SPOKEN LANGUAGE SPECIALIST

☐ **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: _____