






**GRISEL ESPINOSA**  
Supervisor-Educational Enterprises

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

 201-343-6000 x6511

 201-291-0492



**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 2019 to JUNE 2020**

**JULY 2020 to JUNE 2021**

**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
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						<input type="checkbox"/> YES <input type="checkbox"/> NO

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

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

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

**COUNTY:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

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

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

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

**EDUCATIONAL AUDIOLOGY SERVICES**

JULY 2018 to JUNE 2019

JULY 2019 to JUNE 2020

JULY 2020 to JUNE 2021

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

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