

Salem County Special Services School District
PO Box 126
880 Route 45
Woodstown, NJ 08098
Phone: (856) 769-0101 x5204 Fax: (856) 769-4911
Related Services Request Form

Student's Name: _____ DOB: _____
Parent's Name: _____ Phone: _____
Address: _____
District/School: _____ Date: _____
Teacher/Room: _____ Grade: _____
Referred by: _____ Phone: _____

School Administrator Approval _____
Signature indicates willingness to pay for requested services

Evaluation Requested (Please check all that apply)

- _____ Physical Therapy Evaluation
- _____ Occupational Therapy Evaluation
- _____ Speech and Language Evaluation
- _____ Speech Only Evaluation
- _____ Augmentative/Alt Communication
- _____ Learning Evaluation
- _____ Social History
- _____ School Psychological Evaluation
- _____ Reading Specialist
- _____ Behavioral Consultation

Evaluation report due by _____

Services Requested (Please specify whether group or individual)

- | | |
|-------------------------------|--------------------------|
| _____ Physical Therapy | Frequency/Duration _____ |
| _____ Occupational Therapy | Frequency/Duration _____ |
| _____ Speech Therapy | Frequency/Duration _____ |
| _____ Reading Specialist | Frequency/Duration _____ |
| _____ Behavioral Therapy | Frequency/Duration _____ |
| _____ Counseling | Frequency/Duration _____ |
| _____ Consultation Services | Type _____ |
| _____ Attendance at a Meeting | Type/Date _____ |
| _____ Other | Explanation _____ |

Please Note: Copy of the Related Services Page of the IEP must accompany all requests for services. Copy of the Evaluation Plan must accompany all requests for Evaluations.

Please fax your request and accompanying documentation to Jean Pilieri at (856) 769-4911.

May also email to jpilieri@scsssd.net

For Office Use Only:

Date Received: _____

Assigned to: _____

Date: _____

SCSSSD 073118