

ATLANTIC COUNTY SCHOOLS FOR SPECIAL SERVICES
Phone: 609-909-9243
Fax: 609-476-4760
ITINERANT SHARED SERVICES REQUEST FORM (2009-2010)

Student's Name: _____ DOB: _____

Parent's Name: _____ Phone: _____

Address: _____

District/School: _____ Date: _____

Teacher/Room: _____ Grade: _____

Referred by: _____ Phone: _____ Ext: _____

Service Requested: (Please check all that apply)

Occupational Therapy evaluation _____ Reason for referral for evaluation _____

Physical Therapy evaluation _____

Speech and Language evaluation _____

Learning Evaluation _____ Evaluation report due _____

Social Case History _____ **(please give specific date)**

Social Work counseling _____

Psychological Evaluation _____

Psychological counseling _____

Physical therapy services (frequency, duration) _____

Occupational therapy services (frequency, duration) _____

Speech therapy services (frequency, duration) _____

Homebound Special Education Services (frequency, duration) _____

Sign Language Interpreter _____

Other: _____

Additional Comments: _____

***Please fax your request to 476-4760, attention: Eric Flecken, Principal**

Signature of Special Ed. Director or Designee

Date

Do not write below this line

-
1. Date request is received _____
 2. Assigned itinerant number _____ -10- _____
 3. Assigned to & copy of form sent to _____

Memo

TO: Directors of Special Education
FROM: Eric Flecken, Principal
DATE: August 12, 2009
RE: Revised Itinerant Shared Services Request Form

Attached please find a copy of the revised Itinerant Shared Services Request form to be used when requesting services through Atlantic County Special Services School District. Please take the time to review this form. You will need to complete and submit this form each time services are requested. Once you have completed the form, it can be faxed to me at the number indicated to expedite services. One form will need to be completed for each student needing services. When completing the form, please be as specific as possible as to services requested including (if applicable), the date by which you need an evaluation report, (do not put ASAP). Request for services will no longer be taken by telephone or by the itinerant providers. Please make certain that all CST secretaries and/or case managers have copies of the form, as needed.

Once the Itinerant Shared Services Request form is received, a qualified therapist or provider will be assigned.

If you have any questions, feel free to call me at 909-9243. Thank you.

ATLANTIC COUNTY SCHOOLS FOR SPECIAL SERVICES
Itinerant/Shared Services
Consultant Hourly Rates
2009/2010 School Year

▶ Child Study Team Services:	
*Psychological counseling	\$81.00 per hour
*Social Work counseling	81.00 per hour
*Conference (IEP, Identification, Eligibility, etc)	81.00 per hour
▶ Child Study Team Evaluation:	\$302.00 per eval.
*Learning Evaluation	
*Psychological Evaluation	
*Social History	
▶ Occupational Therapy Evaluation	\$302.00 per eval.
▶ Physical Therapy Evaluation	\$302.00 per eval.
▶ Speech / Language Therapy Evaluation	\$302.00 per eval
▶ Occupational Therapy	\$81.00 per hour
▶ Physical Therapy	\$81.00 per hour
▶ Speech / Language Therapy	\$81.00 per hour
▶ Homebound Instruction	\$42.00 per hour
▶ Sign Language Interpreter	
*ASL Certified	\$57.00 per hour
*Non-Certified	\$42.00 per hour