

# EDUCATIONAL SERVICES COMMISSION OF MORRIS COUNTY

## PROFESSIONAL SUPPORT SERVICE REQUEST

PHONE: (973) 540-8844 ext.17

FAX (973) 540-1746

Please **Print or Type** this form and FAX to **ESC Department of Special Services** as soon as possible.  
**Please submit this form ONLY after parental/guardian consent has been received by the district.**  
 Notify the Parents/Guardian that ESC Personnel will be completing the evaluation(s) or service.

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

**District Contact** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **X** **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**EVALUATION REQUEST:** \_\_\_\_\_ **Initial** \_\_\_\_\_ **Re-Evaluation**

Social  Educational  Psychological  Speech  OT  PT

Reason for Referral: \_\_\_\_\_

**SERVICE REQUEST:**

Speech  OT  PT  Home Instruction  Home Attend Meeting  Other \_\_\_\_\_

Start Date: \_\_\_\_\_ Location: \_\_\_\_\_ Frequency/Duration: \_\_\_\_\_

**Please factor in time for prep/lunch and travel between classrooms/schools when anticipating needs. Estimate: 30 minutes prep for every 1-4 hours of services, exclusive of travel. OT, PT, Speech, Home Instruction Services are billed at a minimum of one hour.**

**Print Student's Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

Student's Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

**ACTUAL CALENDAR DUE DATE:** \_\_\_\_\_

**Please Note:**

The calculations for services are for the professional who is assigned to your district to perform the service. It is not for the service rendered. Unlike the Individual Services which culminate in a specific report, Annual Services must include the usual and customary provisions for public school employees. Your request and use of ESC services implies that you accept the responsibility for SHARING an employee with other districts.

**AUTHORIZED DISTRICT SIGNATURE** \_\_\_\_\_

**(Signature Required for Processing)**

**Commission Use Only:** \_\_\_\_\_ **Evaluation Case #** \_\_\_\_\_ **PS**

**All Evaluations/Reports are DUE BACK IN THE COMMISSION OFFICE (5) Five work days prior to district due date or earlier.**

LDT-C _____	Notified _____	Comp/Sent to Dist _____
Social Worker _____	Notified _____	Comp/Sent to Dist _____
Psychologist _____	Notified _____	Comp/Sent to Dist _____
Speech _____	Notified _____	Comp/Sent to Dist _____
OT _____	Notified _____	Comp/Sent to Dist _____
PT _____	Notified _____	Comp/Sent to Dist _____
Other _____	Notified _____	Comp/Sent to Dist _____