Camden City School District

Office of Special Services

201 N. Front Street

Camden, New Jersey 08102

(856)966-2000 ext: 38208

Notification of Consultant Evaluation

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

Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE: Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

A neurological evaluation is scheduled for your child on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please accompany your child for the scheduled evaluation at **Cooper Regional Hospital** **Plaza 3** in **Camden, New Jersey**. Your participation is extremely important in assisting the specialist and the Child Study Team when determining your child’s educational and/or behavioral needs in school. Please make every effort to make this appointment with an interpreter if necessary.

If you have any questions or concerns, please contact Ms. Sally Robinson at 856-966-2000 ext: 38208. Thank you in advance for your cooperation.

Sincerely,

Ms. Jill Trainor

Senior Director of Special Services

Request for

Neurological or Psychological

Evaluation

Please Fax to: Cooper Regional Hospital Plaza 3

Attn: Ms. Marie Borrelli

Phone#: (856) 968-7362

Fax#: (856) 541-6213

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: (\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

School Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Services Phone # :(\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_

Requested by CST#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # :(\_\_\_) ­­\_\_\_\_\_\_-\_\_\_\_\_\_\_

Other information attached: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appointment Information:**

Please be advised that a neurological evaluation has been scheduled for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_ a.m. / p.m.

at **Cooper Regional Hospital Plaza 3** with Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

PLEAESE FAX TO: Ms. Sally Robinson

Camden City School District

Office of Special Services

Phone #: (856)966-2000 ext. 38208

Fax#: (856)536-3480/3481

Camden City School District

Office of Special Services

201 N. Front Street

Camden, New Jersey 08102

(856)966-2000 ext. 38208

Notification of Consultant Evaluation

Escuela: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_

Padre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direccion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE: Nombre del Estudiante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Querido \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Una evaluación neurológica está programado para su hijo en **Cooper Regional Hospital** **Plaza 3** a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ y su presencia es requerida.

Por favor, acompañe a su hijo para la evaluación prevista en el Hospital Regional de Cooper en Camden, Nueva Jersey. Su participación es muy importante para ayudar al especialista y el Equipo de Estudio de Niño para determinar las necesidades educativas y / o de la conducta de su hijo en la escuela. Por favor, haga todo lo posible para asistir esta cita con un intérprete, si es necesario.

Si usted tiene alguna pregunta o inquietud, por favor comunicarse con la Sra. Sally Robinson al (856) 966-2000 ext.38208.  
  
Gracias de antemano por su cooperación.

Sinceramente,

Ms. Jill Trainor

Senior Director of Special Services

Request for

Neurological or Psychological

Evaluation

Please Fax to: Cooper Regional Hospital Plaza 3

Sra. Marie Borrelli

Phone#: (856) 968-7362

Fax#: (856) 541-6213

Nombre del estudiante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono: (\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_  
Padre / Guardián: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Escuela: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grado: \_\_\_\_\_\_\_  
Escuela Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Servicios especiales para teléfonos: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_  
  
Solicitado por miembro del Equipo de Estudio de Niño \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Leader\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Teléfono: (\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_  
Otros datos adjuntos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Información sobre la entrevista:**  
Por favor, tenga en cuenta que una evaluación \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ha sido programada para el \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a las \_\_\_\_\_\_\_\_ am / pm  
En **Cooper Regional Hospital Plaza 3** con Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEAESE FAX TO: Sra. Sally Robinson

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Phone #: (856)966-2000 ext. 38208

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