

**CAMDEN COUNTY EDUCATIONAL SERVICES COMMISSION
225 WHITE HORSE AVENUE
CLEMENTON, NJ 08021**

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CST EVALUATIONS FOR PUBLIC SCHOOLS

Evaluation Type: Initial Reevaluation

School Year: _____ **Due Date:** _____

Student Name: _____ **Age:** _____

Parent's Name(s): _____ **Phone:** _____

Home Address: _____

Grade: _____ **DOB:** _____

School Attending: _____

School Address: _____

School Phone: _____

Classification: _____ **Case Manager:** _____

Case Mgr Phone: _____ **Case Mgr Fax:** _____

Contact for Scheduling: _____ **Email:** _____

Meeting(s):	Specialists Requested at Meeting(s):			
<input type="checkbox"/> Plan to Evaluate	<input type="checkbox"/> School Psychologist			
<input type="checkbox"/> Eligibility Conference	<input type="checkbox"/> Learning Disabilities Teacher/Consultant			
<input type="checkbox"/> Other:	<input type="checkbox"/> Social Worker			
	<input type="checkbox"/> Speech Language Specialist			

Evaluations:	<input type="checkbox"/> Speech (Articulation)
<input type="checkbox"/> Psychological	<input type="checkbox"/> Speech and Language
<input type="checkbox"/> Learning/Educational	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Social History	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Other:	

Pertinent Information: _____

Send Contract to: _____ **Title:** _____

District: _____ **Phone:** _____

Address: _____

EMAIL ADDRESS: _____