Union County Educational Services Commission
Request for Child Study Team Services

Service Provider Requested

Services below will be billed UCESC's current hourly rate.

Discipline Requested: ***(Choose only one per sheet please)***

☐ *LDTC* ☐ *School Psychologist* ☐ *School Social Worker* ☐ *Case Manager (any discipline)*
☐ *Speech/Language Pathologist* ☐ *Other: (Please Indicate):* _____

Is a bilingual service provider required? _____ **If so, what language?** _____

Can services be rendered remotely? _____ ***If so, to what extent?*** _____

Can services be provided after school and/or on the weekends? _____ ***If so, to what extent?*** _____

Service Request Information

Case Management Services: Number of Students Case Management is needed for: _____

Duration of Case Management: _____

(Indicate school year or specific days/months.)

CST Consultation/Therapy: Number of Students consult/therapy is needed for: _____

Duration & frequency: _____

(Indicate school year or specific days/months.)

CST Meeting Attendance: Number of Meetings Requested: _____

Duration of Meeting Attendance: _____

(Indicate school year or specific days/months.)

Other Services (please describe):

_____

_____

District Information

School District Name & Address: _____

_____

District Educational Contact: Name: _____ Title: _____

Phone: _____ Email: _____

_____ _____ _____
Sending District Representative Signature **Title** **Date**

The above signature indicates consent for Union County Educational Services Commission to complete all indicated evaluations at the rate(s) indicated on the attached fee schedule.

UCESC Office Use Only

Consultant(s) Name(s) **Discipline** **Contact Information** **Date Assigned**

_____

Date of Case Completion: _____ *Billed:* _____