



**BARNEGAT TOWNSHIP SCHOOL DISTRICT**  
**OFFICE OF STUDENT SERVICES**

600 Barnegat Blvd. North, Barnegat NJ 08005  
Phone: (609) 698-5800 ext. 11120

**Daniel Gundersen**  
*Director of Student Services*

**Stacey Jakalow**  
*Supervisor of Special Education*

**Brittany Schork**  
*Supervisor of Special Education*

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**Initial Evaluation Request**

Dear Mr. Gundersen:

I am requesting an evaluation be conducted for my child,

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Print Name

Date Of Birth: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_

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

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

Contact Phone Number: \_\_\_\_\_

Concerns that are prompting this request:

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

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

Signature: \_\_\_\_\_

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