SOUTH BERGEN JOINTURE COMMISSION

Intake Request Form

To be completed by Case Manager

South Bergen Jointure Commission
Board of Education
696 Route 46 West
Teterboro, NJ 07608

Child Study Team members (of both member and non-member districts) with an interest in sending a student to the SBJC will first complete this Intake Request Form.

SBJC's Leadership Team will review the Intake Request Form and contact you to request additional materials and records.

The Leadership Team will review all materials to determine if there is a placement within the South Bergen Jointure Commission that would benefit the student socially, emotionally, and academically.

If the SBJC Leadership Team determines that there is an appropriate placement within our district, the prospective student, his/her parent(s)/guardian(s), and the case manager will be contacted to schedule an intake visit. Following this event, a placement decision will be determined by the SBJC administrator, who will notify the child's CST case manager.

Please email this completed form to admissions@njsbjc.org.

Case Manager Information

PERSON REQUESTING INTAKE	YOUR RELATIONSHIP TO STUDENT	CDS CODE - HOME SCHOOL/DISTRICT CODE

YOUR EMAIL ADDRESS	PHONE NUMBER

Student Information

STUDENT'S NAME	STUDENT'S DATE OF BIRTH	STUDENT'S GENDER

STUDENT'S EDUCATIONAL CLASSIFICATION

- ☐ Preschool Student with a Disability
- ☐ Autism
- ☐ Intellectual Disability
- ☐ Communication Impairment
- ☐ Emotional Regulation Impairment
- ☐ Multiple Disabilities
- ☐ Other Health Impairment

CURRENT GRADE LEVEL

WHAT IS THE STUDENT'S CURRENT EDUCATIONAL SETTING?

WHY IS THE STUDENT IN NEED OF A SEPARATE PUBLIC SPECIAL EDUCATION SCHOOL PLACEMENT?

APPROXIMATE DATE OF WHEN THE STUDENT WOULD NEED TO BE PLACED AT THE SBJC

Signature

SIGNATURE OF CASE MANAGER	DATE

PLEASE EMAIL COMPLETED FORM TO ADMISSIONS@NJSBJC.ORG