

SOMERSET COUNTY EDUCATIONAL SERVICES COMMISSION

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Christine Monteiro, Supervisor, Nonpublic/Public Programs

**PUBLIC SCHOOL CONTRACT
REQUEST FOR SERVICES**

2016-2017

District Requesting Services: _____ Date: _____

Service: _____ Student Name (if applicable): _____

Please check off service requested. Use one form for each service requested. Duplicate this form as needed or call our office for assistance. This signed form will serve as the contract between the SCESC and your district/school.

Child Study Team Services	Independent Evaluations & Pre-K Evaluations
_____ LDT/C	388.00 per case
_____ Psychological	388.00 per case
_____ Social Evaluation	388.00 per case
_____ Per Team Member, Per Conference	83.00
_____ Annual review and update of IEP/SP	275.00 per case
_____ Case Manager and writing IEP	530.00 per case
_____ Psychiatric Evaluation	694.00* per case
_____ Neurological Examination	694.00* per case
*Fees may vary depending on agency fees.	
_____ Occupational Therapy	See attached fee schedule – no proration
_____ Home Instruction (within 10 miles of SCESC)	66.00 per hour – must include grade/courses/work
_____ Home Instruction (beyond 10 miles of SCESC)	83.00 per hour – must include grade/courses/work
_____ Speech Correction	96.00 per hour
_____ Articulation Evaluation	106.00 per evaluation
_____ Speech/Language Evaluation	388.00 per evaluation
_____ Nursing Services (Substitutes)	233.00 per diem

Desired Number of Days and Hours per Week: _____

Location of Needed Service: _____ Completion Date: _____

District Contact Person: _____

Phone: _____ Fax: _____

Billing Contact & Address: _____

Signature of Superintendent or Business Administrator: _____ Date: _____