

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

Fax to 856-346-1342

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

**Pertinent Information:** \_\_\_\_\_

**Send Contract to:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**District:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_