Sussex County Educational Services Commission

18 Gail Court
Sparta, New Jersey 07871
Phone: 973-579-6980; Fax: 973-940-0811

Andrea Romano
Superintendent

Anthony DeFelice
School Business Administrator

REQUEST FOR IDEA-B SERVICE(S)/FUNDING 2026-2027
FOR ELIGIBLE NONPUBLIC SCHOOL STUDENTS WITH DISABILITIES

Student Name: Nonpublic School: District:

Parent Name: Phone: Grade:

Home Address: City: State: Zip Code:

Referred by: Child Study Team

Service Provider: Sussex County Educational Services Commission

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Funding requested for the following services (mark with X):

Supplemental Instruction: ___1st Session ____2nd Session

Occupational Therapy: ____ time a week

Physical Therapy: ____times a week

Speech Services: ____1st Session

Speech Services: ____2nd Session

Extend Speech _____

Other:

(Office: When multiple services are requested, indicate estimated cost next to each service and show total below.)

Describe the need for the requested service (e.g.: evaluations, teacher report, parent request):
Based on recommendations of CST, parents, teachers after a review of evaluations, performance, etc. Nonpublic school students with disabilities are provided state funded (Chapter 193) speech/language services and/or supplemental instruction through the school district in which the nonpublic school is located (district of attendance). Nonpublic elementary school students *may* also receive IDEA-B service(s) through the school district in which the nonpublic school is located (district of attendance). The district of attendance is required to spend a proportionate share of its Federal special education funds to provide services to elementary students with disabilities enrolled in nonpublic schools located in the school district.

Parents of nonpublic school students, who have been determined eligible for special education and related services, or public agencies serving eligible nonpublic school students with disabilities, may submit this completed form to the nonpublic school and the nonpublic school will forward it immediately to the SCESC for review, or the form can be submitted to the district of attendance for review. This referral does not guarantee the additional service(s).

Parent Signature: _____ **Date**:

SCESC Superintendent's Signature: Andrea Romano **Date**:

Anticipated Costs for 2026-2027 School Year:____ _____
(per IDEA Rate Sheet) ***If multiple services, breakdown is shown above.***

District of Attendance Approval Signature: _____ Date:_____

To Host District of Attendance
Please fax or e-mail the approved request to:
Attn: Nonpublic SCESC Fax: 973-940-0811 or E-Mail: ARomano@SussexESC.org