Sussex County Educational Services Commission
18 Gail Court
Sparta, New Jersey 07871
Phone: 973-579-6980; Fax: 973-579-1086

REQUEST FOR PSYCHOLOGICAL EVALUATION

Student's Name: _____ ID#: _____ DOB: _____
School: _____ Grade/Program: _____
School Address:_____ School Phone #_____
Teacher: _____ Room Number: _____
Special Education: □Yes □ No Disability:_____ Case Manager: _____
Case Manager email:_____ Case Manager Phone #_____
Parent Name: _____ Home Telephone:_____
Address: _____Cell: _____
Date to be Completed by: _____

Best Time for Consultation Visit &/or Student Observation: Day(s) of Week: _____
Time(s): _____

(To Be Completed by Therapist)

Date Referral Received by Therapist: _____ Contact Date(s): _____
Persons Contacted: _____

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Therapist: _____

Sussex ESC Use Only:

Date Received by District: _____ Signature: _____

Date Requested to be completed by: _____ Date Sent to District: _____