



Cross County Clinical & Educational Services, Inc.
EVALUATION REFERRAL FORM

Phone: 732 821-1266 Fax: 732 821-5886

e-mail: mail@crosscountyclinical.com

Please fill out ALL sections legibly and completely

FACILITY or DISTRICT INFORMATION

Date: _____

District Name: _____ **Purchase Order #** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

1st Contact: _____ **Title:** _____ **E-Mail:** _____

Phone: _____ **Ext:** _____ **Fax:** _____

2nd Contact: _____ **Title:** _____ **E-Mail:** _____

Phone: _____ **Ext:** _____ **Fax:** _____

SEND REPORT and INVOICE to:

Name: _____ **Title:** _____ **E-Mail:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Special Instructions: _____

SCHOOL INFORMATION

School Name: _____ **Principal:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

School Contact: _____ **Title:** _____ **E-Mail:** _____

Phone: _____ **Ext:** _____ **Fax:** _____

Special Instructions: _____

STUDENT INFORMATION

Name: _____ **DOB:** _____

Language: _____ **Grade:** _____ **Consent Date:** _____

Parent(s): _____

Home Phone: _____ **Work:** _____ **Mobile:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

REASONS for REFERRAL and/or ACADEMIC CONCERNS

EVALUATIONS PREVIOUSLY PERFORMED

<u>DISCIPLINE</u>	<u>DATE</u>	<u>LANGUAGE</u>
Learning	_____	_____
Psychological	_____	_____
Speech-Language	_____	_____
Social History	_____	_____
Occupational Therapy	_____	_____

**Please forward any additional information pertinent to the student's case.
Call us if you have any questions.**

EVALUATIONS REQUESTED

INITIAL RE-EVALUATION

<u>DISCIPLINE</u>	<u>REQUIRED</u>	<u>LANGUAGE</u>
Learning Assessment		_____
Psychological Evaluation		_____
Speech-Language Evaluation		_____
Social History Report		_____
Occupational Therapy Assesment		_____
Case Management		_____

We authorize Cross County to use their translator/ interpreter team to work with their trained evaluators if all CST members requested are not available (only when applicable):

TRANSLATOR PERMITTED

<u>DISCIPLINE</u>	<u>LANGUAGE</u>	<u>YES</u>
Learning	_____	<input type="checkbox"/>
Psychological	_____	<input type="checkbox"/>
Speech-Language	_____	<input type="checkbox"/>
Social History	_____	<input type="checkbox"/>

CROSS COUNTY CLINICAL & EDUCATION SERVICES

3176 State Hwy 27, Kendall Park, NJ 08824
Phone : 732-821-1266 FAX : 732-821-5886

P.O. Box 150, Ringwood, NJ 07456
Phone : 973-910-5468

(please send all supporting documentation, P.O.s, and payments to the Ringwood office)