SOUTH
BERGEN
JOINTURE
COMMISSION

Board of Education
500 Route 17 South, Suite 307
Hasbrouck Heights, NJ 07604
(T) 201-393-0475
(F) 201-288-2825
www.njsbjc.org

Christopher Hughes, PT, DPT, MS
Director of Special Projects, Outreach & Related Services
relatedservices@njsbjc.org

REQUEST FOR IN-HOME ABA PROGRAMMING

Date of this Request: ______________________

Sending District: ______________________

Child's Name: ______________________

Parent/Guardian Name: ______________________

Parent/Guardian Address: ______________________

Parent/Guardian Phone: ______________________

Case Manager: ______________________

Case Manager Phone: ______________________

Check Services Requesting:

- ☐ Parent Training (select one) ______ hours per **WEEK**
  ______ hours per **MONTH**
  ______ Total number of hours requested
- ☐ In- Home ABA Therapy Program ______ visits per week x 60 minutes.

(Hours for coordination of in-home programs will be as per SBJC Home Program Manual guidelines unless otherwise requested)

This service will be provided during:

- ☐ During regularly scheduled school days ONLY
- ☐ During ESY
- ☐ Uninterrupted (regular school days AND over school holidays)
- ☐ During August

(Signify if hours provided during the summer or school holidays differ from regular school days)

Requested Start Date:______________________(two week lead time usually needed)

____
Signature of Board Secretary or Designee

C:

Updated 8/7/18