WCSSSD

Warren County Special Services School District

Joseph E. Flynn ~ Superintendent

Student Name_____ Application Date:_____

Student Number assigned by the State of N. J. _____

Eligibility Category:_____ Date of Birth:_____ Grade:_____

Parent/ Guardian_____ Sending District: _____
Please fill in Mr.and Mrs. (if applicable) & full name

Address:_____ Case Manager: _____
Street

_____ Case Mgr. Phone number:_____
City **Zip**

Phone: _____ Case Mgr. Email Address:_____

District to be Billed:_____Home District/School Code:_____

Description of Current Placement:_____

WCSSSD Class Program Desired:_____

Reason for Application to WCSSSD:_____
_____

For application to BD program: What specific behaviors have been exhibited which require a change in placement?
_____
_____
_____
_____

Related Services Required (as per IEP):

	Times Per Week		
	Group	Individual	Duration
Occupational Therapy	____	_____	_____
Physical Therapy	____	_____	_____
Speech/Language	____	_____	_____
Counseling	____	_____	_____
Other	____	_____	_____

Co-treatment Acceptable? Yes_____ No_____

Personal Aide Required Yes_____ No_____
(If yes, please submit "Request for Contracted Services" form if student is accepted)

Physical Medical Needs (tube feeding, stander, walker, etc).:_____

CURRENT LEVELS:

List developmental level in months/years

_____ Language Development
_____ Gross Motor Development
_____ Fine Motor Development
_____ Social Skills Development
_____ Self Help Development
_____ Cognitive Development
_____ IQ

OR

List Grade Equivalent

_____ Reading
_____ Math
_____ Language Arts

Please attach the following and list dates:

	Date Completed
**Current IEP	_____
**Eligibility Conference Report	_____
Evaluation	
**Social History	_____
**Psychological _____	
**Educational (Learning)	_____
or Comprehensive Evaluation Report	_____
Speech Language	_____
Psychiatric _____ (May be required for applications to BD classes)	
Physical Therapy	_____
Occupational Therapy	_____
Medical	_____

For BD High School Class: **Attach a transcript

For all BD classes: **Please provide a summary of discipline referrals for the past year

**MUST BE ATTACHED TO APPLICATION

Has the parent visited this class?_____

When do you wish the student to begin attending class in our district? _____

Name of person completing form:_____Title:_____

Phone Number_____