



**Communication Technology Resources, LLC**

200 Portland Road A-20,  
Highlands, NJ 07732  
732-737-4298  
www.CTR-NJ.com

**CONTRACT for AAC EVALUATION SERVICES**

**Student's Name:** \_\_\_\_\_

DOB: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

**Authorized School Representative:**

**Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

Email : \_\_\_\_\_

**Case Manager :**

**Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

Email : \_\_\_\_\_

**Description of Services**

AAC Evaluation to determine most appropriate AAC system (high or low tech) to meet his/her education needs. School Staff are required to participate in the evaluation process and offer input to the student's performance, needs and educational goals. A report will be provided to the District within 2 weeks following the evaluation.

**Evaluation Fees**

- AAC Evaluation at Student's School - \$550
- Travel - \$35.00 per ½ hour of travel

**Agreement for Payment by Authorized Representative**

I approve this contract for an AAC evaluation. Payment to Communication Technology Resources, LLC will be made after upon receipt of the Invoice for services rendered and the completed Evaluation report. The report will be sent to the Case Manager, unless otherwise specified.

Please sign one copy of this form and return to:

Joan Bruno, Ph.D., CCC-SLP  
Communication Technology Resources, LLC  
200 Portland Road, A-20  
Highlands, NJ 07732

\_\_\_\_\_  
Signature of Authorized School Representative

\_\_\_\_\_  
Date