



Communication Technology Resources, LLC

1 Scenic Drive - Unit 1405

Highlands, NJ 07732

732-737-4298

www.CTR-NJ.com

AGREEMENT 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 - \$600
- Travel - \$40.00 per 1/2 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
1 Scenic Drive – Unit 1405
Highlands, NJ 07732

Signature of Authorized School Representative

Date