

Salinas City Elementary School District

REPORT TO BOARD OF TRUSTEES	BOARD MEETING DATE: 8/14/17	School Site Plan Reference Page
	Approved By _____ Date: _____ Ass. Supt.: Bus. Dept. <i>[Signature]</i> 8-7 Ass. Supt.: Ed Serv. <i>[Signature]</i> 8/7/17 Ass. Supt.: Human Resources <i>[Signature]</i> Superintendent: <i>[Signature]</i> M. J. [unclear]	
DATE: August 4, 2017 FROM: Lori Sanders, Asst. Superintendent, Educational Services Dr. Jan L. Hamilton, Director of Special Education SIGNATURE: <i>[Signature]</i> Sanders		

SUBJECT: Speech and Language Pathologist Services: CONSENT

ATTACHMENTS: Contract for Speech and Language Pathologist Therapy service

RECOMMENDATION:

Approve the contract for a speech and language therapist with Boca Grande Speech Therapy Inc. in order to provide Individualized Education Program (IEP) required services during the 2017-2018 school year.

ANALYSIS:

Boca Grande Speech Therapy Inc. will provide speech and language services for students who require this service in order to progress in their academic programs. The speech therapist will work with students to provide both direct services to students and consultative services to staff. Services will also include assessing students for eligibility for services and participating in the IEP process.

FISCAL IMPACT:

Cost is \$95.00 per hour, with an estimated annual cost of \$58,520.00. The charges are billed on a monthly invoice and are billed upon services rendered. These services are required and will be reflected in the Special Education maintenance of effort and general fund.

PROGRAM IMPACT:

Students who are referred for assessment and those current IEP required speech and language will be appropriately served through this speech therapy service.

SALINAS CITY ELEMENTARY SCHOOL DISTRICT

840 S. Main St. • Salinas, CA 93901
Phone: (831-753-5600 • Fax: (831) 753-5610

Requisition#

CONTRACT FOR SERVICES

This is an agreement for services between the **Salinas City Elementary School District** ("District") and **Boca Grande Speech Therapy Inc.**, an independent contractor ("Contractor"), entered this 4 day of August, 2017. THIS IS NOT AN EMPLOYMENT AGREEMENT.

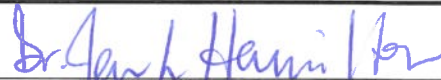

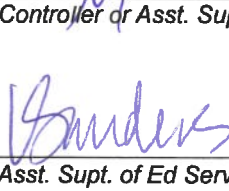
1. Contractor agrees to perform these special services in his/her capacity as an independent contractor:

To provide Speech and Language services to students during the 17-18 school year.

2. Services shall begin on or about 8/15/17, and terminate no later than 6/1/18. Services shall not be assigned or subcontracted to anyone without written consent of District.

3. District agrees to pay Contractor upon invoiced for \$95/hour (not to exceed \$58,520.00) and payable when the services performed are satisfactory to District. *If over \$5,000 – Board approval date:* _____

4. District retains the right to cancel this contract in the event of funding shortage or for any other reason by written notice of not less than 10 calendar days. In such case, Contractor will be paid through the date of service only. Address stated below will be used for notice purposes.

Name and Address of Contractor:	District Signatures:	
Boca Grande Speech Therapy Inc. Attn: Athena Hagerty PO Box 89 Pacific Grove, CA 93950		<u>8/7/17</u> Date
		<u>8-7</u> Date
		<u>8/7/17</u> Date
Signed: Date:		_____ Date
Contractor License/Soc. Sec. No.:	Budget Account: <u>01-6500-0-5770-3120-5800-00-000-2200-0000</u>	

To Contractor: This offer is not valid without required District signatures. Please sign and return all copies to Business Office, 840 S. Main St. Street, Salinas, CA 93901, prior to _____, if you accept this offer.