# **DEPARTMENT OF SPECIAL SERVICES TOWNSHIP OF UNION PUBLIC SCHOOLS** M-E-M-O-R-A-N-D-U-M

TO:

Pat Ditri

From:

Jason Killian

Re:

**Board Agenda Items** 

Date:

**April 1, 2014** 

Please place the following on the board agenda:

The committee recommends and I so move that approval be given to ACES (Assessments Counseling and Education Services), 147 Columbia Turnpike, Suite 307, Florham Park, NJ 07932 to provide evaluations on Deaf and Hard of Hearing students at the rate of \$900.00 per evaluation not to exceed \$3600 for the 2013-2014 School Year.

Acct# 11-000-219-320-01-19



47 Columbia Turnpike, STE 307 Florham Park, NJ 07932 201-317-9457 (C) 973-882-0307 (FAX)

## **EDUCTIONAL SERVICES AGREEMENT**

This contract is made between Union School District (DISTRICT) and ACES, LLC (PROVIDER).

#### **PROVIDER**

ACES – Assessments, Counseling, & Educational Support 147 Columbia Turnpike, STE 307 Florham Park, NJ 07932 201-317-9457

### SCHOOL DISTRICT Union Public Schools, NJ

#### A. Services to be Provided

ACES – Assessments, Counseling, & Educational Support, LLC agrees that a Speech & Language evaluation and a Psychological evaluation will be performed for this Client. This is a private evaluation, contracted between the Provider and the School District of the Client. The evaluation shall include the assessment of the Client's current levels of functioning in the areas of Speech as well as the cognitive abilities as per a speech and language evaluation and a psychological evaluation respectively. Results of the evaluations will be used to generate two separate narrative reports (speech and language and psychological) that will be provided to the School District of the Client, including results of the evaluation and recommendations based on the results. The School District of the Client will be utilized to provide background information on the Client.

The Provider will be available for one phone conference, of up to one half hour, for interpretation of the narrative and the answering of any questions relative to the evaluation and/or narrative as needed. Any request beyond the initial one phone conference will result in an additional consultative fee of \$125.00 per hour. If a face-to-face conference is requested,

travel fees may apply. Travel fees will be based on the prevailing mileage rate, as provided by IRS regulations, at the time of the conference.

## B. Payment to the Provider

The District agrees to provide ACES- Assessments, Counseling, & Educational Support a total fee of \$1,800.00 (900.00 per evaluation). The final payment of \$1,800.00 is due upon the completion of the evaluation and submission of the written reports to the district. Any returned checks will result in a service fee of \$25.00 per returned check.

### C. Timetable

The evaluation will be performed once the Provider has received the signed contract. The narrative will be provided to the District within 30 days of the completion of the evaluation.

## D. Certification

We hereby certify that we have read the Evaluation Services Agreement and agree to its provisions.

Signature of the District	Date
Printed name of the District	
Signature of the Provider	19/1/4 Date
Kimberly Money Printed name of the Provider	