

DEPARTMENT OF SPECIAL SERVICES  
Township of Union Public Schools  
M - E - M - O - R - A - N - D - U - M

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TO: Gregory Tatum

C: Diane Cappiello  
Julia Vicidomini

FROM: Kim Conti 

RE: Board Agenda

DATE: 11/28/2017

Approve teachers employed through Brookfield Schools (Summit Oaks Program), 14009 Berlin Road, Cherry Hill, NJ 08034 to provide bedside instruction for district students on an "as needed" basis for the school year 2017-2018 in the amount not to exceed \$2,500.00 in accordance with the information in the hands of each board member.  
(7693-11-150-100-320-01-19)

**2017-2018 AGREEMENT FOR THE PROVISION OF INSTRUCTION WITH THE  
BROOKFIELD EDUCATIONAL SERVICES PROGRAM**

The Township of Union Board of Education agrees that Brookfield Schools should provide educational services to the district students during their stay at our programs during the 2017-2018 school year.

**Billing Address:**

Phone Number: \_\_\_\_\_ Fax Number: 1-908-851-6881

Contact Person (to obtain Approval for Educational Services Payment): \_\_\_\_\_

**Current Homebound Instruction Rate approved by your District's Board of Education for 2017-2018 school year \$ 40.92 hourly**

**The district agrees to the following:**

1. To provide all necessary information regarding the classification and course of instruction being provided to the student.
2. To furnish all textbooks, assignments, and related materials and lesson plans for \_\_\_\_\_.
3. To make payment in the amount of \$ 40.92 (your current 2017-2018 ) rate per hour for instructional services.
4. If your district requires a voucher/PO, please provide copies so we may keep them in our files.

**Brookfield Schools agrees to provide the following:**

1. To employ properly certified teachers and to provide a course of instruction in compliance with all pertinent lesson plans and course material.
2. To advise pertinent district personnel regarding the assignment of grades, when needed .
3. To provide written reports on student's progress as required.
4. To comply with the district policy for the number of hours per day for educational services the student.

We, the undersigned, agree to the terms indicated above for the provision of Educational Services.

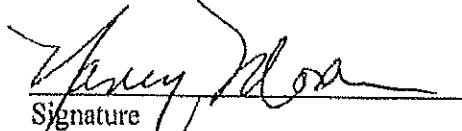
By the school district:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature  
Mrs. Nancy Moran  
\_\_\_\_\_  
Name

Director of Special Projects/Principal  
\_\_\_\_\_  
Title

7/17  
\_\_\_\_\_  
Date

Thank you, please mail to Mrs. Debra L. Marthins  
Brookfield Schools  
1009 Berlin Road  
Cherry Hill, NJ 08034

or Fax 856-547-3186  
Phone: 856-547-3106  
email: dmarthins@brookfieldschools.org