Kansas State Department of Education, Special Education Services

## FY CONTRACT FOR PROVISION OF EDUCATION SERVICES

## Notice of Contract Revision or Termination

For School District Contracting with Private Nonprofit Corporation or Public or Private Institution

This	Revision, dat	ted	_,		is a cha	nge to the o	original contract	entered into c	on,	,	·····	
pursu	ant to K.S A	(Month) 72-967(a	(Day)	(Year) and betw		ed School I	District / Interloc	al	(Month)	(Day)	(Year)	
•			•				(U	SD/INT/Coop Number	· · · · ·			
1n			Coun	ty, Kans	sas, hereby	designated	as First Party,	and Second I	<b>Party</b> designation	ated below:		
(Enter f	Ill legal name of Priva	ate Nonprofit Co	rporation Or P	ublic Or Priva	te Institution).							
St	udent Name, La	st, First, MI		(Please	Print)	Date	of Birth (mm/dd/yy	vyy)	]	KIDS ID numb	er	
			per contac				name of teacher, a		for each serv	ice provided:		
							nal contract effe		Service	Provider	Area of	
sion							or end date and	l the revised	Provider	/Teacher	Service	
	houi	rs, start oi	r end dat	te effect	ed by a re	vision or t	ermination		/Teacher Name.	ID Number	Provider's License	
vice	IEP / IFSP	Service	Ho	urs	S	art Date	Enc	d Date				
#	Date	Code	Orig.	Rev.	Orig.	Rev.	Orig.	Rev.	1			
				+								
	The Revisio	n form mus	t be dupli	cated if t	he number	of services			Correspond	ing license co	des can be	
	The Revision form must be duplicated if the number of services revisions exceeds 15								found in the appendix of the MIS data Dictionary			
Pleas	e indicated th	he reason f	for this c	ontract r	evision –	check all th	at apply					
□ <u>Se</u>	rvice Revisio		d (above e duratio			e added or o	leleted under the	revision, with	h the new tot	al hours to b	e delivered	
ים ⊔	ration of Co					ontractual n	eriod, then the n	ow (revised)	contractual n	eriod (Inclu	de revised day	
								to	Las	t date.		
David	ad complete	hall ha dal	livered b	. Casan	d Dontry fra	m First data	(Beginning Date)	(Ending			ered on above	
							(Beginning Date)			st date, with	шгі.	
⊔ <u>Co</u>							are terminating o					
			ier autou		(Beginning I	Date)	(Ending Date)	, reminut	N	Ionth, Day	, Year	
in wi	TNESS WHERI	EOF, the par	ties have ex	secuted th	is contract or	the day, mor	th and year first abo	ve written.				
			First Par	ty				S	econd Party			
	Enter	full USD/Int/CC	OP Number a	nd Name (Typ	e or Print )		Enter Full Name of	of Private Nonprofit Co	rporation or Public o	r Private Institution	(Type or Print)	
Signature USD/Int/COOP DIRECTOR							Signature 2nd Party Designee					

USD/Int/COOP DIRCETOR Name (Type or Print)

Board President/Designee Name (Type or Print)

Second Party agrees to provide such services in accordance with standards and criteria set by the Kansas State Department of Education for special education in the state. Second Party shall claim no entitlement for special education or related services for the above named student provided under the terms of this contract through any joint agreement with any school district, Interlocal, or cooperative.

Second Party shall report to First Party the progress made by the above named student during the contract period specified above.

First party entitlement is subject to change based upon availability of funds. This contract may be terminated by either party upon thirty (30) days written notice and is subject to change or termination by action of the Legislature of the State of Kansas.

IN WITNESS WHEREOF, the parties have executed this contract on the day, month and year first above written.

Second Party				
Enter Full Name of Private Nonprofit Corporation or Public or Private Institution				
Signature Board President/Designee				
Board President/Designee Name (please type)				