Special Education Services, Kansas State Department of Education

FY2014 CONTRACT FOR PROVISION OF EDUCATION SERVICES

For School Districts Contracting With a Private Nonprofit Corporation or Public or Private Institution

THIS CONTRACT, entered into on _____, _____, _____ pursuant to K.S.A. 72-967(a)(5), by and between
(Month) (Day) (Year)

Unified School District/Interlocal _____, _____
(USD/INT/COOP Number) (USD/INT/COOP Name)

in _____ County, Kansas, hereby designated as **First Party,** and **Second Party** designated below:

_____
(Enter full legal name of Private Nonprofit Corporation or Public or Private Institution) **{ Not a USD, COOP or Interlocal }**

_____
(Enter full Street Address of Private Nonprofit Corporation or Public or Private Institution)

_____
(Enter City, State, Zip of Private Nonprofit Corporation or Public or Private Institution)

In consideration of the premises and mutual agreements set forth herein, the parties hereby agree that Second Party shall provide the special education and/or related services for a student within the jurisdiction of First Party.

Student Name, Last, First, MI (Please Print)	Date of Birth (mm/dd/yyyy)	Student SSN	KIDS ID number

Indicate the total number contact hours, start or end dates, provider, provider SSN for each service shown on the IEP/IFSP

Itemize Every Service to be provided by the Private Non-Profit Corporation or Public or Private Institution including Contracted Hours and the Service Start and End Dates as Shown on the IEP or IFSP, for the Duration of the Contract.						**Service Provider / Teacher** Last Name, First Name, MI.	**Social Security Number Service Provider / Teacher**	**Area of Service Provider's License ***
Service #	IEP / IFSP Date	Service Code	Hours	Start Date	End Date			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
		Form the list below		☐ ← Check here if the student is continuing under contract from the prior school year			The Contract form must be duplicated if the number of services exceeds 15	

Code	Service	Code	Service	Code	Service	Code	Service
AM	Autism	DB	Deaf-Blind	DD	Developmentally Delayed	ED	Emotional Disturbance
GI	Gifted	HI	Hearing Impaired	IT	Infant Toddler Services	IN	Interpreter Services
OT	Occupational Therapy	OI	Orthopedic Impairments	OH	Other Health Impaired	PT	Physical Therapy
ID	Intellectually Disabled	LD	Learning Disability(s)	SL	Speech/Language	TB	Traumatic Brain Injury
VI	Visual Impairment	VO	Vocational Sp. Ed				

* Corresponding license codes can be found in the appendix of the MIS data Dictionary

All beginning and ending dates above must be documented by service providers in an individual Service Delivery Log.

First Party agrees to pay Second Party the amount of $_____ for the services listed above. Enter full amount for the year.

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.

First Party	**Second Party**
Enter full USD/Int/COOP Number and Name	Enter Full Name of Private Nonprofit Corporation or Public or Private Institution
Signature USD/Int/COOP Board President	Signature Board President/Designee
USD/Int/COOP Board President Name (please type)	Board President/Designee Name (please type)