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

THIS CONTRACT, entered into on \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ for School year \_\_\_\_\_\_\_\_\_pursuant to K.S.A. 72-967(a)(5),

(Month) (Day) (Year) (FY)

by and between Unified School District/Interlocal \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(USD/INT/COOP #) (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) | 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 # | IEP / IFSP Date | Service Code (From the list below) | Hours | Start Date | End Date | **Service Provider / Teacher** Last Name, First Name, MI. | **Provider / Teacher ID Number** | **Area of Provider's License \*** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |

**🞎 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

Enter full USD/Int/COOP Number and Name

Signature USD/Int/COOP Board President

USD/Int/COOP Board President Name (please type)

Second Party

Enter Full Name of Private Nonprofit Corporation or Public or Private Institution

Signature Board President/Designee

Board President/Designee Name (please type)