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

This Revision, entered into on \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, \_\_\_\_\_\_ is a change to the original contract entered into on \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_

*(Month) (Day) (Year) (Month) (Day) (Year)*

pursuant to K.S.A. 72-967(a)(5), 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]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Indicate the Revised total number contact hours shown on the IEP/IFSP, name of teacher, and teacher SSN for each service provided:

Under the Service # row, indicate the service line form the original contract effected by a revision or termination. Enter the original contracted hours, start or end date and the revised hours, start or end date effected by a revision or termination.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Service # | IEP / IFSP Date | Service Code | Hours Original | Hours Revised | Start Date Original | Start Date Revision | End Date Original | End Date **Revision** | **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 |  |  |  |  |  |  |  |  |  |  |  |

The Revision form must be duplicated if the number of services exceeds 15

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

Please indicated the reason for this contract revision – check all that apply

**🞎** Service Revision: – record (above) the services to be added or deleted under the revision, with   
the new total hours to be delivered for the duration of the contract

**🞎** Duration of Contract Revision: - enter the original contractual period, then the new (revised) contractual period. *(Include revised days)*

The original dates (day) of service will be revised from First date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_Last date.

*(Beginning Date) (Ending Date)*

**🞎** Service not delivered on above date.

Revised services shall be delivered by Second Party from First date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_Last date, with in FY \_\_\_\_\_\_\_\_\_\_.

*(Beginning Date) (Ending Date)*

**🞎** Contract Termination: - All services from the original contract are terminating on the date below.

The original contract dated from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Terminates on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Beginning Date) (Ending Date) Month Day Year*

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 (Type or Print)

Signature USD/Int/COOP Board President

USD/Int/COOP Board President Name (Type or Print)

Second Party

Enter Full Name of Private Nonprofit Corporation or Public or Private Institution (Type or Print)

Signature 2nd Party Designee

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.

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)