


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

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TO: Pat Ditri  
FROM: Kim Conti   
RE: Board Agenda Item  
DATE: May 1, 2012

The committee recommends and I so move that approval be given to Morris Union Jointure Commission, 340 Central Avenue, New Providence, NJ to provide:

- Physical Therapy: \$215.00 per hour
- Occupational Therapy: \$195.00 per hour
- Speech Therapy: \$230.00 per hour
- ABA Therapy: \$195.00 per hour
- Personal Aides ESY: \$9,450.00 each
- Personal Aides 10 months: \$63,000.00 each

These services will be provided to district students attending programs at the Morris Union Jointure Commission facilities located in New Providence and Warren, not to exceed \$275,000.00 for the 2012-2013 school year. These services are in accordance with the students' IEPs and will be charged to account #11-000-216-320-01-19.



*Morris-Union  
Jointure Commission  
Board of Education*

*Kim B. Coleman, Psy.D.*  
Superintendent

*Janet L. Parmelee, Ed.D., J.D.*  
Assistant Superintendent

*Susan Yaniro*  
School Business Administrator/Board Secretary

340 Central Avenue  
New Providence, NJ 07974  
(908) 464-7625  
Fax: (908) 464-1244  
Business Office Fax: (908) 464-5240  
Website Address: [www.MUJC.org](http://www.MUJC.org)

April 11, 2012

Ms. Kim Conti  
Director of Special Services  
Union Township Board of Education  
2155 Morris Ave  
Union, NJ 07083

**Re: Full time one to one teacher assistant for**

Dear Ms. Conti:

The above named student currently attends the Developmental Learning Center – Warren. Your district contracted with the Morris-Union Jointure Commission to provide a full time one to one teacher assistant to LaVar during the 2011-2012 school year. If you wish to contract with the Morris-Union Jointure Commission to receive the services of a full time one to one teacher assistant during the **2012 Extended School Year**, kindly confirm your decision in a letter to Maddie Marathe, administrative assistant to the assistant superintendent, by **May 11, 2012**. The contracted rate for the full time one to one teacher assistant for the 2012 Extended School Year program is \$9,450.

Additionally, if your district wants to contract with the Morris-Union Jointure Commission to continue to provide the services of a full time one to one teacher assistant for the **2012-2013 school year**, kindly verify that in writing to Maddie Marathe, administrative assistant to the assistant superintendent, by **June 1, 2012**. The contracted rate for a full time one to one teacher assistant for 2012-2013 school year is \$63,000. Please feel free to contact me if you have any questions. Thank you.

Sincerely,

*Janet L. Parmelee*

Janet Parmelee



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Director of Special Services  
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Additionally, if your district wants to contract with the Morris-Union Jointure Commission to continue to provide the services of a full time one to one teacher assistant for the **2012-2013 school year**, kindly verify that in writing to Maddie Marathe, administrative assistant to the assistant superintendent, by **June 1, 2012**. The contracted rate for a full time one to one teacher assistant for 2012-2013 school year is \$63,000. Please feel free to contact me if you have any questions. Thank you.

Sincerely,

*Janet L. Parmelee*

Janet Parmelee

**MORRIS-UNION JOINTURE COMMISSION**  
**340 Central Avenue**  
**New Providence, NJ 07974**  
**(908) 464-7625 (Ext. 1119) FAX (908) 464-1244**

**DLC RELATED SERVICES CONTRACT HOURLY-EXTENDED SCHOOL YEAR 2012**

**Please Note: This form is to be used only for services that are not included as a class component. Please use one contract per service.**

Student: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 Sending District: \_\_\_\_\_ District Code: \_\_\_\_\_  
 Receiving District: \_\_\_\_\_ District Code: \_\_\_\_\_  
 Class Name: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 School: \_\_\_\_\_ School Code: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SERVICES REQUESTED: (Check one only)**

**COST FACTOR/HOUR**

	<u>Member</u>	<u>Non-Member</u>
<input type="checkbox"/> Occupational Therapy Services w/OTR	\$195	\$240
<input type="checkbox"/> Physical Therapy Services	\$215	\$260
<input type="checkbox"/> Speech/Language Services	\$230	\$275

Please **check one** of the three options below.

1.  Evaluation only. We wish to review recommendations before requesting therapy. (In this case, a second form must be submitted if you wish to request services).
2.  Evaluation and proceed with therapy as recommended by the evaluating therapist up to \_\_\_\_\_ hrs./wk.
3. Individual Therapy: \_\_\_\_\_ sessions/week \_\_\_\_\_ minutes/session

I hereby agree to authorize payment to the Morris-Union Jointure Commission for the provision of the aforementioned service at the rate stipulated in this contract. I understand that the monthly invoice for this service will reflect the hourly rate multiplied by 4.2 weeks per month. I further understand that written notice must be given to the Morris-Union Jointure Commission for discontinuance of the above service.

To the fullest extent permitted by law, the Sending District shall indemnify and hold harmless the Commission, its officials, employees, and agents from and against all claims, damages, and expenses, including but not limited to reasonable attorneys' fees, arising from, in connection with, or as a result of this Agreement or the provision of services hereunder. This indemnification and hold harmless provision, however, shall not include any claim caused by or resulting from the negligence, willful misconduct or intentional wrongdoing of the Commission, its officials, employees, and/or agents without any contributing negligence, willful misconduct or intentional wrongdoing on the part of the Sending District, its officials, employees, or agents. In the event contributory negligence, intentional wrongdoing, or willful misconduct is adjudicated against Sending District, Sending District's indemnification obligation hereunder shall be limited to the percentage of such negligence attributed to Sending District by the adjudicating authority.

\_\_\_\_\_  
**Director of Special Services      Date**

\_\_\_\_\_  
**School Business Administrator      Date**  
 (If required by requesting district)

\_\_\_\_\_  
**Superintendent of Schools      Date**  
 (If required by requesting district)

MORRIS-UNION JOINTURE COMMISSION  
 340 Central Avenue  
 New Providence, NJ 07974  
 (908) 464-7625 (Ext. 1119) FAX (908) 464-1244

**RELATED SERVICES CONTRACT HOURLY**  
**EXTENDED SCHOOL YEAR 2012**

**Please Note: This form is to be used only for services that are not included as a class component. Please use one contract per service.**

Student: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 Sending District: \_\_\_\_\_ District Code: \_\_\_\_\_  
 Receiving District: \_\_\_\_\_ District Code: \_\_\_\_\_  
 Class Name: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 School: \_\_\_\_\_ School Code: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SERVICES REQUESTED: (check one only)**

	<b>COST/HOUR</b>	
	<b><u>Member</u></b>	<b><u>Non-Member</u></b>
<input type="checkbox"/> Adaptive Physical Education	\$190	\$230
<input type="checkbox"/> Occupational Therapy Services w/OTR	\$195	\$240
<input type="checkbox"/> Physical Therapy Services	\$215	\$260
<input type="checkbox"/> Social Worker Services	\$230	\$275
<input type="checkbox"/> Speech/Language Services	\$230	\$275

**(Complete page 2 on reverse)**

**CST EVALUATION**

**COST PER EVALUATION**

Social Worker Evaluation (with 1/2 hour conference)      \$715      \$900

**INSERVICES**

**COST PER INSERVICE**

Inservice half day      \$775      \$975  
 Inservice full day      \$1,400      \$1,650

(Continued on reverse)

**MORRIS-UNION JOINTURE COMMISSION**  
**340 Central Avenue**  
**New Providence, NJ 07974**  
**(908) 464-7625 (Ext. 1119) FAX (908) 464-1244**

**DLC RELATED SERVICES CONTRACT HOURLY-2012-2013**

**Please Note: This form is to be used only for services that are not included as a class component. Please use one contract per service.**

Student: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 Sending District: \_\_\_\_\_ District Code: \_\_\_\_\_  
 Receiving District: \_\_\_\_\_ District Code: \_\_\_\_\_  
 Class Name: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 School: \_\_\_\_\_ School Code: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SERVICES REQUESTED: (Check one only)**

**COST FACTOR/HOUR**

	<u>Member</u>	<u>Non-Member</u>
<input type="checkbox"/> Occupational Therapy Services w/OTR	\$195	\$240
<input type="checkbox"/> Physical Therapy Services	\$215	\$260
<input type="checkbox"/> Speech/Language Services	\$230	\$275

Please **check one** of the three options below.

1.  Evaluation only. We wish to review recommendations before requesting therapy. (In this case, a second form must be submitted if you wish to request services).
2.  Evaluation and proceed with therapy as recommended by the evaluating therapist up to \_\_\_\_\_ hrs./wk.
3. Individual Therapy: \_\_\_\_\_ sessions/week \_\_\_\_\_ minutes/session

I hereby agree to authorize payment to the Morris-Union Jointure Commission for the provision of the aforementioned service at the rate stipulated in this contract. I understand that the monthly invoice for this service will reflect the hourly rate multiplied by 4.2 weeks per month. I further understand that written notice must be given to the Morris-Union Jointure Commission for discontinuance of the above service.

To the fullest extent permitted by law, the Sending District shall indemnify and hold harmless the Commission, its officials, employees, and agents from and against all claims, damages, and expenses, including but not limited to reasonable attorneys' fees, arising from, in connection with, or as a result of this Agreement or the provision of services hereunder. This indemnification and hold harmless provision, however, shall not include any claim caused by or resulting from the negligence, willful misconduct or intentional wrongdoing of the Commission, its officials, employees, and/or agents without any contributing negligence, willful misconduct or intentional wrongdoing on the part of the Sending District, its officials, employees, or agents. In the event contributory negligence, intentional wrongdoing, or willful misconduct is adjudicated against Sending District, Sending District's indemnification obligation hereunder shall be limited to the percentage of such negligence attributed to Sending District by the adjudicating authority.

\_\_\_\_\_  
**Director of Special Services**      **Date**

\_\_\_\_\_  
**School Business Administrator**      **Date**  
 (If required by requesting district)

\_\_\_\_\_  
**Superintendent of Schools**      **Date**  
 (If required by requesting district)

**MORRIS-UNION JOINTURE COMMISSION**  
**340 Central Avenue**  
**New Providence, NJ 07974**  
**PHONE (908) 464-7625 (Ext. 1119) FAX (908) 464-1244**

**HOME-BASED APPLIED BEHAVIOR ANALYSIS SERVICES CONTRACT 2012-2013**

Student: \_\_\_\_\_ D.O.B: \_\_\_\_\_ School Student Attends: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Parent's E-Mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Parent's Phone#: \_\_\_\_\_ Sending District: \_\_\_\_\_  
 Director's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Director's Phone #: \_\_\_\_\_ Director's E-Mail: \_\_\_\_\_  
 Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**APPROXIMATE START DATE**

To the extent possible, services will begin within one month. The Morris-Union Jointure Commission will inform you of the actual start date of service.

**APPROXIMATE END DATE**

**SERVICES REQUESTED:**

**COST FACTOR/HOUR**  
**Member      Non-Member**

_____ <b>Supervisor of Behavioral Services*</b>	<b>\$195</b>	<b>\$240</b>
_____ # of sessions per week/month (please circle one)		
_____ Minutes per session		
_____ <b>Home Program Teacher*</b>	<b>\$155</b>	<b>\$190</b>
_____ # of sessions per week/month (please circle one)		
_____ Minutes per session		
_____ <b>Home Program Teacher Assistant*</b>	<b>\$135</b>	<b>\$170</b>
_____ # of sessions per week/month (please circle one)		
_____ Minutes per session		
_____ <b>Home Program Support Assistant**</b>	<b>\$115</b>	<b>\$145</b>
_____ # of sessions per week/month (please circle one)		
_____ Minutes per session		

**Holiday/Vacation Periods**

I authorize Home Programming service during school holidays and vacation periods. Please check one: \_\_\_\_\_

**Yes                  No**

**Inclement Weather**

I authorize make-up Home Programming services for missed time due to inclement weather. Please check one: \_\_\_\_\_

**Yes                  No**

\* PLEASE NOTE: For each initial request, 2 hours of services by the Supervisor of Behavioral Services will be billed automatically to the district for purposes of student assessment, district consultation, and program development. To assure effective supervision, one hour of service by the Supervisor of Behavioral Services is billed for every 10 hours of Home Program Teacher Assistant service and for every 20 hours of Home Program-Teacher service. If the district seeks additional services by the Supervisor of Behavioral Services, the frequency and duration must be indicated above.

\*\* A request for a Support Assistant must also be accompanied by a request for a Home Program Teacher Assistant or a Home Program Teacher.

(Continued on reverse)

ABA After School Services Student Information Sheet

Student: \_\_\_\_\_ District: \_\_\_\_\_

Name & Title of Individual Completing Form: \_\_\_\_\_

Date: \_\_\_\_\_

1. Name of the school the student attends (in district; out of district) \_\_\_\_\_

2. What type of ABA service is being requested? For example: direct student instruction; parent training; both) \_\_\_\_\_

3. What is the basic skill level of the student?

Language: Mode of communication (ie., spoken language; sign language; picture exchange system; augmentative system; etc) \_\_\_\_\_

Expressive Language Skills: \_\_\_\_\_

Receptive Language Skills: \_\_\_\_\_

Social Skills (interaction with parents, adults, siblings, peers; play skills, independent skills, etc.) \_\_\_\_\_

4. Are there any behavioral concerns? \_\_\_\_\_

5. Are there any specific parental concerns? \_\_\_\_\_

6. Are there any specific concerns regarding the school program? \_\_\_\_\_

7. Is the student currently receiving home-based services from another provider? \_\_\_\_\_ If so, who is providing the services? \_\_\_\_\_

Please return this Student Information Sheet with the contract for ABA services.



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**340 Central Avenue**  
**New Providence, NJ 07974**  
**PHONE (908) 464-7625 (Ext. 1119) FAX (908) 464-1244**

**HOME-BASED APPLIED BEHAVIOR ANALYSIS SERVICES CONTRACT**  
**EXTENDED SCHOOL YEAR 2012**

Student: \_\_\_\_\_ D.O.B: \_\_\_\_\_ School Student Attends: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Phone#: \_\_\_\_\_ Sending District: \_\_\_\_\_

Director's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Director's Phone #: \_\_\_\_\_ Director's E-Mail: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**APPROXIMATE START DATE**

To the extent possible, services will begin within one month. The Morris-Union Jointure Commission will inform you of the actual start date of service.

**APPROXIMATE END DATE**

**SERVICES REQUESTED:**

**COST FACTOR/HOUR**  
Member      Non-Member

_____ <b>Supervisor of Behavioral Services*</b>	<b>\$195</b>	<b>\$240</b>
_____ # of sessions per week/month (please circle one)		
_____ Minutes per session		
_____ <b>Home Program Teacher*</b>	<b>\$155</b>	<b>\$190</b>
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_____ <b>Home Program Teacher Assistant*</b>	<b>\$135</b>	<b>\$170</b>
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**Holiday/Vacation Periods**

I authorize Home Programming service during school holidays and vacation periods. Please check one: \_\_\_\_\_

**Yes**                      **No**

**Inclement Weather**

I authorize make-up Home Programming services for missed time due to inclement weather. Please check one: \_\_\_\_\_

**Yes**                      **No**

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4. Are there any behavioral concerns? \_\_\_\_\_

5. Are there any specific parental concerns? \_\_\_\_\_

6. Are there any specific concerns regarding the school program? \_\_\_\_\_

7. Is the student currently receiving home-based services from another provider? \_\_\_\_\_ If so, who is providing the services? \_\_\_\_\_

Please return this Student Information Sheet with the contract for ABA services.

MORRIS-UNION JOINTURE COMMISSION  
 DEVELOPMENTAL LEARNING CENTERS  
 SCHOOL CALENDAR – 2012-2013 (10-month employees)

ATTACHMENT B

				# of Student School Days
<u>2012</u> August	27	Monday	DLC New Staff Training (9:00 a.m. - 3:00 p.m.)	
	28	Tuesday	DLC New Staff Training (9:00 a.m. - 3:00 p.m.)	
	29	Wednesday	DLC New Staff Training (9:00 a.m. - 3:00 p.m.)	
	30	Thursday	DLC New Staff Training (9:00 a.m. - 3:00 p.m.)	
	31	Friday	DLC New Staff Training (9:00 a.m. - 3:00 p.m.)	
September	3	Monday	Closed, Labor Day	
	4	Tuesday	All Staff Meeting (9:00 a.m. - 3:00 p.m.)	
	5	Wednesday	School Opens for Students	(17)
	17	Monday	Closed, Religious Holiday	(22)
October	8	Monday	Closed, Staff Inservice	
November	8	Thursday	Closed, NJEA Convention	
	9	Friday	Closed, NJEA Convention	
	21	Wednesday	Early Dismissal, Thanksgiving Recess Begins 12:45 p.m., DLC-New Providence and Warren.	
	22	Thursday	Closed, Thanksgiving Recess	(18)
	23	Friday	Closed, Thanksgiving Recess	
December	6	Thursday	Early Dismissal, Parent/Teacher Conferences 12:45 p.m., DLC-New Providence and Warren	
	21	Friday	Early Dismissal, Winter Recess Begins 12:45 p.m., DLC-New Providence and Warren	
	24	Monday	Closed, Winter Recess	
	25	Tuesday	Closed, Winter Recess	
	26	Wednesday	Closed, Winter Recess	
	27	Thursday	Closed, Winter Recess	
	28	Friday	Closed, Winter Recess	(15)
	31	Monday	Closed, Winter Recess	
<u>2013</u> January	1	Tuesday	Closed, Winter Recess	
	2	Wednesday	School Reopens	(21)
	21	Monday	Closed, Martin Luther King Day	
February	15	Friday	Closed, Mid-Winter Recess	(18)
	18	Monday	Closed, Mid-Winter Recess	
March	7	Thursday	Early Dismissal, Parent/Teacher Conferences 12:45 p.m., DLC-New Providence and Warren	
	25	Monday	Closed, Spring Recess	
	26	Tuesday	Closed, Spring Recess	
	27	Wednesday	Closed, Spring Recess	
	28	Thursday	Closed, Spring Recess	(16)
	29	Friday	Closed, Spring Recess	(22)
April				(22)
May	27	Monday	Closed, Memorial Day	(9)
June	13	Thursday	Last Day for Students	
Total				(180)

Note: This calendar reflects 180 school days. If additional days are needed to comply with State rules and regulations which mandate 180 school days, make-up days will be used in the following order: Friday, June 14, 2013; Monday, June 17, 2013; Tuesday, June 18, 2013; Wednesday, June 19, 2013; Thursday, June 20, 2013.

In the event that additional make-up days are needed in addition to the above, the Board of Education will determine which additional days will be used as make-up days.

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**RELATED SERVICES CONTRACT HOURLY-2012-2013**

**Please Note: This form is to be used only for services that are not included as a class component. Please use one contract per service.**

Student: _____	D.O.B.: _____
Sending District: _____	District Code: _____
Receiving District: _____	District Code: _____
Class Name: _____	Teacher: _____
School: _____	School Code: _____
Contact Person: _____	Phone #: _____

**SERVICES REQUESTED: (check one only)**

	<b>COST/HOUR</b>	
	<b><u>Member</u></b>	<b><u>Non-Member</u></b>
<input type="checkbox"/> Adaptive Physical Education	\$190	\$230
<input type="checkbox"/> Occupational Therapy Services w/OTR	\$195	\$240
<input type="checkbox"/> Physical Therapy Services	\$215	\$260
<input type="checkbox"/> Social Worker Services	\$230	\$275
<input type="checkbox"/> Speech/Language Services	\$230	\$275

**(Complete page 2 on reverse)**

**CST EVALUATION**

**COST PER EVALUATION**

<input type="checkbox"/> Social Worker Evaluation (with 1/2 hour conference)	\$715	\$900
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**INSERVICES**

**COST PER INSERVICE**

<input type="checkbox"/> Inservice half day	\$775	\$975
<input type="checkbox"/> Inservice full day	\$1,400	\$1,650

(Continued on reverse)



*Morris-Union  
Jointure Commission  
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*Kim B. Coleman, Psy.D.*  
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*Susan Yaniro*  
School Business Administrator / Board Secretary

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Website Address: [www.MUJC.org](http://www.MUJC.org)

To: Directors of Special Services  
From: Janet L. Parmelee  
Date: April 11, 2012  
Re: Related Services Confirmation Sheets, Related Services Contracts, After School Home-Based Applied Behavior Analysis Contracts, School Calendars

Existing related services will expire at the end of 2011-2012 school year. The following instructions pertain to related services provided by the Morris-Union Jointure Commission (MUJC) for the 2012 Extended School Year Program and the 2012-2013 school year. All of the necessary documents/forms are attached.

I. Request for Confirmation of Services – 2012 Extended School Year Program (Gray form)

Request for Confirmation of Services - 2012-2013 School Year (Purple form)

This is your district's list of students who are receiving adaptive physical education, occupational, physical, speech language therapy services or the services of a full time or part time teacher assistant as of March 31, 2012 and are billed through the MUJC. Please review the information regarding each therapy received by each of your students and check the appropriate space, indicating whether the therapy is to be **continued** (with no change in either frequency or duration), **discontinued**, or **changed** for either the 2012 Extended School Year Program or the 2012-2013 school year. **Please note: Revised rates for related services are effective commencing with 2012 Extended School Year Program.**

If a student will be in a different school from the one listed on the forms, please indicate that in the appropriate space by crossing out the school listed and writing the name, address, and telephone number of the new school. If the new placement is a private school, please include the address and phone number of the private school as well.

Please sign and date the confirmation sheets and return them to the MUJC office by **April 30, 2012**.

**Please note: We must have the Director of Special Services or other school administrator's signature in order to process the contract.** Requests will be honored on a first-come, first-served basis.

Berkeley Heights • Bernards Township • Boonton • School District of the Chathams • Clark • Clinton Township • Cranford • Florham Park • Harding Township • Kenilworth • Livingston • Long Hill Township • Madison • Millburn • Montville Township • Mountainside • New Providence • Roselle Park • Scotch Plains-Fanwood • Somerset Hills • South Orange-Maplewood • Springfield • Summit • Union Township • Warren Township • Watchung Borough • Watchung Hills Regional • West Orange • Westfield

IV. **DLC School Calendars: 2012 Extended School Year Program and 2012-2013 School Year**

For your convenience, I have included copies of the 2012 DLC Extended School Year and 2012-2013 school year calendars.

V. **Other Services**

Additionally, we have related services contracts available for Daily and Hourly Outreach Services for Behavior Management, Augmentative & Alternative Communication Services, Technology Assessment, and Vocational Education Assessment. Please contact Maddie Marathé at 908-464-7625 ext. 1119, or [mmarathe@mujc.org](mailto:mmarathe@mujc.org) if you would like any of these contracts forwarded to you.

I hope this information and the attached forms are helpful to you in planning for the upcoming extended school year and 2012-2013 school year programs. Please forward all completed forms and address any questions you may have to:

Maddie Marathé  
Administrative assistant to the assistant superintendent  
Morris-Union Jointure Commission  
340 Central Ave.  
New Providence, NJ 07974  
Phone: 908-464-7625 (Ext. 1119)  
Fax: 908-464-1244  
Email: [mmarathe@mujc.org](mailto:mmarathe@mujc.org)

Thank you.

Attachments