

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

TO: Greg Tatum
C: Julia Vicidomini
Diane Cappiello
FROM: Kim Conti *KC*
RE: Board Agenda
DATE: 4/14/16

The committee recommends and I so move that the board approve the following certified teacher employed through Brookfield Schools, 1009 Berlin Road, Cherry Hill, NJ 08034 to provide bedside instruction for district students on an "as needed" basis for the school year 2015-2016 in an amount not to exceed \$1000 in accordance with the information in the hands of each board member. (7693-11-150-100-320-01-19)

- Erica Perry

2015-2016 AGREEMENT FOR THE PROVISION OF INSTRUCTION WITH THE BROOKFIELD EDUCATIONAL SERVICES PROGRAM

The Township of Union Board of Education agrees that Brookfield Schools should provide educational services to the district students during their stay at our programs during the 2015-2016 school year.

Billing Address:

Phone Number: _____ Fax Number: _____

Contact Person (to obtain Approval for Educational Services Payment): _____

Current Homebound Instruction Rate approved by your District's Board of Education for 2015-2016 school year \$ 40 hourly

The district agrees to the following:

1. To provide all necessary information regarding the classification and course of instruction being provided to the student.
2. To furnish all textbooks, assignments, and related materials and lesson plans for _____.
3. To make payment in the amount of \$ 40 (your current 2015-2016) rate per hour for instructional services.
4. If your district requires a voucher/PO, please provide copies so we may keep them in our files.

Brookfield Schools agrees to provide the following:

1. To employ properly certified teachers and to provide a course of instruction in compliance with all pertinent lesson plans and course material.
2. To advise pertinent district personnel regarding the assignment of grades, when needed
3. To provide written reports on student's progress as required.
4. To comply with the district policy for the number of hours per day for educational services the student.

We, the undersigned, agree to the terms indicated above for the provision of Educational Services.

By the school district:

Signature

Name

Title

Date

Signature

TJ McStravick

Name

Director of Special Projects/Principal

Title

Date

Thank you, please mail to TJ McStravick
Brookfield Schools
1009 Berlin Road
Cherry Hill, NJ 08034

or Fax 856-547-3186
Phone: 856-546-1388x112