

P.O. Box 1330
675 Second Street
Cordova, AK 99574



(T) 907-424-3265
(F) 907-424-3271
www.cordovasd.org

CONTRACT SERVICE AGREEMENT

BOARD APPROVED (Date): March 19, 2026 PROGRAM/DEPT.: Special Education

FUNDING SOURCE (Code): 20.355.600.220.410 Funding Allocation: 100%
FUNDING SOURCE (Code): _____ Funding Allocation: %

CSA Number

FY27-002

PLEASE INCLUDE ON
ALL INVOICES

CONTRACTING BUSINESS NAME: Summit Special Education Services

PRIMARY CONTACT INFORMATION

NAME: Camille Hill TITLE/POSITION: Independent Consultant
E-MAIL: alaskahills07@gmail.com PHONE: 907-252-8965
ADDRESS: PO Box 525 CITY: Clam Gulch STATE: AK ZIP: 99568

DESCRIPTION OF SERVICES TO BE PROVIDED

1. Perform specific psychological diagnostic evaluations and general special education services support for students as identified by the District Administration.
2. Assessment follow-up/report review debrief with teachers, as appropriate.
3. The psychological assessments and special education support will occur on site at the Elementary and/or Jr.-Sr. High School during the 2026-2027 School Year.

*See page 2 for additional considerations

CONTRACT SCOPE AND CONSIDERATIONS

Rate:	Initial Evaluations (\$600-\$800)	=	\$ <u>6,000-8,000</u>
	Re-evaluations (\$600-\$700)	=	\$ <u>6,000-7,000</u>
	Records Review (\$300-\$400)	=	\$ <u>3,000-4,000</u>
	Other services, as needed negotiable)	=	\$ <u>1,000</u>

The MAXIMUM AMOUNT authorized by this agreement is: \$ 20,000

Payment will be made upon receipt of approved invoice(s). Reference MOA # on all invoices. Expenses will be reimbursed based upon actual third-party documentation.
PAYMENT OF TAXES – As a condition of performance of this contract, the contractor shall pay all Federal, State, and Local taxes incurred by the contractor, sub-contractor, or other person or persons associated with the performance of this contract.

CONTRACT PERIOD COVERED: September 2026 through June 2027

Camille Hill
Contractor Signature

04/08/2026
Date

Superintendent Signature

Date

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DESCRIPTION OF SERVICES TO BE PROVIDED (continued from PAGE 1)

4. Participation in the development of applicable IEP goals and objectives as determined necessary by the student's Multi-disciplinary Team. This service may be provided through telephone consultation, as arranged.
5. Completion of necessary documentation of services (i.e. reports) for inclusion in the student's school record.
6. Billing for services will be submitted following completion of services.
7. Current certification and liability coverage will be provided to the District.

Cordova School District agrees to provide the following:

1. Coordination and scheduling of parent and student participation as specified by the District Special Education Coordinator.
2. Appropriate space for confidential psychological diagnostic assessments.
3. Compensation for the aforementioned services at a rate identified above, with related reports.
4. Transportation (airfare), lodging (when necessary), and related expenses (reimbursed at cost).

This Contract Service Agreement is for the 2026-2027 School Year and can be modified only with consent of both parties. Furthermore, either party may cancel this agreement with 30 days written notice.

****Should the Maximum Amount authorized by this agreement be reached and additional services be needed, the Superintendent and Service Provider shall meet to amend the contract in order to meet the needs of the District.**

Contractor Signature

Date

Superintendent Signature

Date