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

CORDOVA SCHOOL DISTRICT

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

CONTRACT SERVICE AGREEMENT

BOARD APPROVED (Date): _____ **PROGRAM/DEPT.:** Special Education

CSA Number: FY27-03

FUNDING SOURCE (Code): 280.500.220.000.410 **Funding Allocation:** 100%

FUNDING SOURCE (Code): _____ **Funding Allocation:** %

PLEASE INCLUDE ON ALL INVOICES

CONTRACTING BUSINESS NAME: Blackburn Physical Therapy

PRIMARY CONTACT INFORMATION

NAME: Heather Blackburn TITLE/POSITION: SPED Physical Therapist

E-MAIL: BlackburnPhysicalTherapy@gmail.com PHONE: 802-309-9753

ADDRESS: PO Box 32 CITY: Saint Albans Bay STATE: VT ZIP: 05481

DESCRIPTION OF SERVICES TO BE PROVIDED

1. Physical Therapy with Mt. Ecles and CHS students as specified in the Individualilzed Education Programs (IEP)
2. PT student evaluations, as identified by the District SPED team
3. Informal student observation/assessment for screening purposes, as requested by the District SPED Team
4. Diagnostic assessments, comprehensive assessment reports, recommendations, and potential treatment goals (data entry in EMBRACE as needed)
5. Monitoring of student progress, including consultations with and training of teachers and paraprofessionals, as appropriate
6. Participation in the development of applicable IEP goals and objectives as determined necessary by the student's Multi-disciplinary Team; participation in IEP's as possible
7. Blackburn will bill the district quarterly for total hours of service
8. Current professional certification/licensure and liability coverage will be provided by the district

Cordova School District agrees to provide the following:

1. Coordination and scheduling of parent and student participation as specified by the SPED Team and/or Contractor
2. Scheduling of services flexible to accommodate time zone differences and other AK district on-site visit dates
2. Appropriate space for physical therapy sessions
3. Paraprofessional or SPED teacher present during serives being provided with student
3. Equipment and resources to provide physical therapy services

This Contract Service Agreement is for the 2026-2027 School Year and can be modified only with consent of both parties. Furthermore, this agreement may be terminated by the District with or without cause upon 10 days written notice. In case of termination without cause, Blackburn Physical Therapy will receive the fair value of the services performed to the date of termination.

**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.

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

CORDOVA SCHOOL DISTRICT

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

CONTRACT SERVICE AGREEMENT

CONTRACT SCOPE AND CONSIDERATIONS

Rate:	Virtual service $120/hr up to 1 hr.week	=	$ 3000
Travel:	2 trips	=	$ 1000
Per Diem:	N/A	=	$
Other:	on site rate $850/day	=	$ 3400

The MAXIMUM AMOUNT authorized by this agreement is: $ 7400

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: 9/1/2026 through 5/15/2027

Contractor Signature _____ Date _____

Superintendent Signature _____ Date _____