

Contract for Service Form

Rock Island-Milan School District 41

VENDOR NAME: Logan River Academy **EMAIL:** _____
ADDRESS: 1683 S State Highway 89/91, Logan, UT 84321
DATES OF SERVICE TO BE COMPLETED: July 1, 2025 - June 30, 2026
SCHOOL DISTRICT CONTACT: Alicia Sanders, Director of Student Services
COMPENSATION: \$ not to exceed \$250,000 annually

DESCRIPTION OF DUTIES:

The Student Services Department recommends approval of a contract with Logan River Academy for the placement of qualifying students whose Individualized Education Programs (IEPs) or out of district placement plans require a residential therapeutic environment. Services provided include: individualized academic instruction, behavioral and therapeutic interventions, and family support and case management in coordination with district personnel.

Is this a Subscription/Software: Yes ☐ or No ☐

If NO, go to next section. If YES, complete below, then go to next section (no vendor signature)

Subscription/Software Name: _____ **Website:** _____

Subscription/Software Start Date: _____ **End Date:** _____

SOPPA Approved: Yes ☐ or No ☐

Requester Name/Building: District RIMSD 41

Budget Code: District Special Education Funds

Signature of Vendor: N/A **Date:** _____

Signature of Budget Administrator: Alicia Sanders **Date:** 7/16/2025

7.16.25 

Superintendent or School Board President

Date