

**Nova Speech Therapy PLLC/ Inna Natanova CCC-SLP**

**910 Gregory Way, Winnebago, IL, 61088**

**Inna.natanova@novaspeech.org**

**Independent Contractor Agreement/Service Agreement**

This Agreement ("Agreement") is entered into as of the 17<sup>th</sup> day of June, 2025, by and Nova Speech therapy PLLC / Inna Natanova , hereinafter referred to as "the VENDOR" and Hinckley- Big Rock CUSD #429 hereinafter referred to as "the BOARD".

The Board and the Vendor agree to the terms and conditions set forth below and in accompanying Exhibits, attached incorporated herein.

The Vendor and the Board Agree:

**1. Scope of Services:**

- a. The Vendor will provide the Board with speech and language therapy services rendered by qualified, state licensed and ASHA certified speech-language pathologist.
- b. The Vendor will provided services as described as direct or indirect therapy services as indicated on each student's Individual Education Program (IEP) that shall include, but is not limited to: planning, therapy, assessments, report and IEP writing, participation in IEP reviews and parent conferences, related travel, consultations with classroom teachers and other staff members, management of required documentation and attendance.
- c. Caseload shall not exceed 45 students.

**2. Term and Termination**

- a. The term of this Agreement shall commence on August 19, 2025 and terminate on May 29, 2026 , unless terminated earlier in accordance with the terms and conditions set-forth.
- b. Termination without Cause: Either party has the right to terminate the Agreement without cause by giving 30 days written notice.
- c. Termination with Cause: Either party reserves the right to terminate this Agreement immediately if the other party fails to comply with any terms or conditions of this Agreement and such failure continues for 15 days following receipt of written notice.

**3. Compensation:**

- a. To provide Speech-Language Therapy Services to Board until the 29<sup>th</sup> day of May, 2026 excluding those days as determined by the district as holidays or closings.
- b. The rate established by mutual agreement, shall be per fully qualified, licensed, and certified speech language pathologist at a rate of \$100 per hour, for 3 days of services per week.
- c. The Vendor will provide a monthly statement based on the rate listed above within a timeframe established by the Board and Vendor.
- d. The Board will provide payment to the Vendor within 30 days of receipt of a submitted invoice. The invoice will contain location, time and date of services.

4. Independent Contractor

- a. Both parties agree that the terms of the Agreement do not constitute a formation of a partnership, joint venture, employer-employee, or other relationship and no form of agency exist between the parties.
- b. Board agrees to submit W-9 form with Vendor submitting a completed W-9 form and Request for Taxpayer Identification Number and Certification with social security number/federal identification number.

5. Insurance/License:


- a. The Vendor agrees to maintain professional liability and malpractice insurance with the following minimum limits of liability: \$1,000,000. Per occurrence and \$3,000,000 in the aggregate and provide Board with proof of insurance upon request.
- b. The Vendor is licensed by the State of Illinois in the performances of the Services provided herein and agrees to provide proof upon request.

6. General

- a. This agreement shall be governed by the State of Illinois and governing regulatory rules, all which are incorporated herein.

IN WITNESS THEREOF, the parties hereto have caused this Agreement to be executed and do each represent that their respective signatory whose signature appears below is fully authorized to execute this Agreement.

By:

  
Name: Bonnie Osborne

Title: Director of Student Services

Date: 6/30/25

VENDOR

By: [Signature]

Name: Inna NATANOVA

Title: speech language pathologist

Date: 06/30/25