

Contract for Service Form

Rock Island-Milan School District 41

VENDOR NAME: LearnWell **EMAIL:** intel@learnwelleducation.com

ADDRESS: 2 Main Street, Suite 2A, Plymouth, MA 02360

DATES OF SERVICE TO BE COMPLETED: 7/22/2025 - 6/30/2026

SCHOOL DISTRICT CONTACT: Alicia Sanders, Director of Student Services

COMPENSATION: \$ not to exceed \$30,000

DESCRIPTION OF DUTIES:

The Student Services Department recommends contracting with LearnWell to provide individualized academic instruction for students requiring services outside of the traditional school setting. LearnWell instructors will collaborate with district staff to align instruction with the students' coursework and ensure educational continuity.

The District is committed to ensuring that all students have access to educational services, including those who are temporarily unable to attend school due to medical, mental health, or hospitalization needs. LearnWell specializes in providing hospital-based, homebound, and transitional academic instruction for students facing extended absences.

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: Districtwide

Budget Code: _____

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