

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



(T) 907-424-3265  
(F) 907-424-3271  
[www.cordovasd.org](http://www.cordovasd.org)

# CONTRACT SERVICE AGREEMENT

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

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

**FUNDING SOURCE (Code):** \_\_\_\_\_ **Funding Allocation:** %

CSA Number  
**FY20-003**  
PLEASE INCLUDE ON  
ALL INVOICES

**CONTRACTING BUSINESS NAME:** Alaska Communicative Services

## PRIMARY CONTACT INFORMATION

**NAME:** Vidya Oftedal, CC-SLP **TITLE/POSITION:** Independent Consultant

**E-MAIL:** voftedal@acs-slp.com **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** Soldotna **STATE:** AK **ZIP:** 99669

## DESCRIPTION OF SERVICES TO BE PROVIDED

1. Speech-Language Therapy with Elementary and Jr.-Sr. High School students as specified in the Individualized Educational Programs, to include onsite and teletherapy sessions
2. SLP 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
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. This service may be provided through telephone consultation, as arranged

\*See page 2 for additional considerations

## CONTRACT SCOPE AND CONSIDERATIONS

Rate:	\$750/day x 20 days on site	=	\$ 15,000
Rate:	\$100/hour x 65 hours teletherapy	=	\$ 6,500
Planning-Collaboration w/Staff:	\$70/hour x 10 hours	=	\$ 700
Other:	\$70/hour x 105 hours	=	\$ 7,350

**The MAXIMUM AMOUNT authorized by this agreement is:** \$ 29,450

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 2019 through May 2020

Contractor Signature

Date

Superintendent Signature

Date

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PAGE 2

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

7. Completion of necessary documentation of services for inclusion in the student's school record. Reports must comply with CSD and State of Alaska guidelines
8. The Contractor will bill the district at the completion of each trip by invoice. Documentation of travel expenses and other expenses incurred will be provided
9. The Contractor shall not assign services to be performed under this Agreement to any other party without written permission of CSD
10. Current professional certification/licensure 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 SPED Team and/or Contractor
2. Appropriate space for confidential therapy sessions
3. Compensation for the aforementioned services at a rate of \$750 per day onsite; \$100 per hour for teletherapy; and \$70/hour, as noted
4. Transportation (airfare & shuttle), lodging, mileage reimbursement (IRS rate), and related costs will be provided/arranged or reimbursed at cost
5. Assessment/evaluation materials as agreed upon with the Contractor

This Contract Service Agreement is for the 2019-2020 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 30 days written notice. In case of termination without cause, the Contractor 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.**

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date