

Teach - Train - Thrive

Behavioral Services Agreement Contract

Date:

March 21, 2025

Services Performed By:

Love Your Classroom, LLC
27069 W. Fox River Road
Cary, IL 60013

Services Performed For:

Antioch CCSD 34
964 Spafford Street
Antioch, IL 60002

This Behavioral Consulting Service Agreement ("Agreement") between Love Your Classroom LLC, an Illinois limited liability company, ("Consultant") and Antioch CCSD 34 ("Client") is hereby entered into and made effective March 21, 2025. Consultant and Client hereby agree to the terms and conditions set forth below.

SECTION 1. Services to be Provided

A. Consultant shall provide to Client the described services ("Services") authorized in the Service Request Authorization Form (page 4) with regard to Student(s) or Staff referred to LYC from Antioch CCSD 34, as identified by administrators. Services can be described as those that involve direct contact with client (direct services) and those that do not (indirect services). Both direct and indirect services are critical to producing good treatment. On average, direct services account for 50% or more of total services. Consultant and any of its employees shall collaborate in the provision of services as identified above.

B. Client shall assist Consultant by providing such information, policy(ies), rule, direction and access as Consultant should have the need to know or may reasonably request to enable Consultant to timely perform the service as provided for herein.

C. Pursuant to relevant state and Federal laws, Consultant and its employees acknowledges and confirms its obligation to keep confidential any and all student's academic and health information that it may learn of or become privy to in the performances of the Services.

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SECTION 2. Fee Schedule

Available Services	
Service	Rate
Teach.Train.Thrive.® 6 Hour Workshop	\$9,750.00
BCBA Consultation	\$150.00/hour
Comprehensive Functional Behavioral Assessment (FBA)+Behavior Intervention Plan (BIP) Coaching	30 hours \$150.00/hour
Classroom Coaching	3 hours/week 8 total weeks, 24 total hours \$150.00/hour
Teach.Train.Thrive Webinar Access	\$297/educator
Driving Reimbursement	National Reimbursement Rate

A. Prior to any services being rendered to a specific Student, Client shall obtain from Student's parent or guardian a Consent to Functional Behavioral Assessment or Behavioral Intervention Plan or services (Consent Form provided on request). This consent must be signed and delivered to Consultant prior to the initiation of any part of the Functional Behavioral Assessment.

B. For all new service requests, a service request authorization form will be sent via email outlining the details of the services and will include a summary of fees. This authorization form is to be approved via email response (E.g. "I approve" or "Approved") from an authorized district representative in order for services to commence and this approval serves as a binding commitment to pay for the detailed services during the school year within which the services were requested.

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SECTION 3. Contract Period

A. The Term of this Agreement shall commence on March 21, 2025, and shall continue through and including June 30, 2026. Thereafter, it shall continue in full force and effect from year to year unless either party hereto shall serve written notice of cancellation. This Agreement may be terminated by either party by providing seven (7) days written notice to the other party. Webinar access is guaranteed for a minimum time period of one (1) calendar year from date of access granted.

SECTION 4. Indemnification

A. Consultant and Client shall each indemnify and hold the other harmless (except to the extent the indemnified party is compensated by insurance) against all losses, claims, damages or liabilities arising out of or based upon damage to property of the indemnified party or bodily injury or death of any employee of the indemnified party, caused by or related to the performance of work under or pursuant to this Agreement, provided that the property damage, personal injury or death does not result from the sole negligence of the indemnified party.

In Witness Whereof, the parties hereto have caused this Agreement to be effective as of the Day, Month, and Year first written above.

Client:
Antioch CCSD 34

Consultant:
Love Your Classroom LLC

_____ sign

_____ sign

_____ date

_____ date