

**FY18** 

DATE SERVICE IS TO BE INITIA	TED: September 12, 2	017 TODA	Y'S DATE:	September 12,	2017
PERSON SUBMITTING CHANGE	FORM: Kathy Reuter	DEPA	RTMENT:	Hearing	
OFFICE ADDRESS: 2422 Wes	t Main Sulte 4A St. Charles	, IL 60175			
DIST/COOP/AGENCY REQUEST	ING CHANGE: Mid Valle	y Special Education Coc	perative		
NAME OF STAFF MEMBER AFF	ECTED:* none		,		
* (If a new or substitute staff memb security number and copies of certi	per is added as part of this cor ficates and licenses, and forw	tractual service change, ard this information to Je	please also p an Tritle, NIA	rovide the individ Admin Office, Sy	dual's social rcamore)
	CHANG	E REQUESTED			
DEPARTMENT: Hearing (i.e., Hear	ing, Vision, Therapy)	SEF		nplification Equip lumn from Servic	
CURRENT STATUS: 1 (Number	of Days from Service Fees g	rid) CHANGE RE	QUESTED: of Days)	+ 3 (Plus)	or - (Minus
NEW TOTAL; 4 (Current Status	+/- Change Requested )	IA SERVICE RATE TO 1	BE CHARGED	(Rate from S	ervice Fees grid)
REASON FOR CHANGE: 3 a	26 dditional students in HI Preso dent had been identified as a	5% SURCHARGE TO BI hool using FM. At time candidate for the presch	of Needs Ass	YES 🗍	NO 🛭
DIRECTOR: RETURN SIGNED F	DRM TO NIA STAFF MEMBE	R REQUESTING CHAN	IGE (signatur	e below)	
Director's Approval Signature	(date)	NIA Staff Memb	<i>lutt</i> er Signature	9/12/2017	)— (date)
NIA STAFF: Complete one form for	each change, obtain APPRO	PRIATE SIGNATURES,	& forward sign	ned form to:	
Kellie Vinz, Admln Office Northwestern illinois Association 245 West Exchange Street, Suite ∌ Sycamore, IL 60178	4		FY18		
Or email to:		. 07/0	<b>FY 10</b> 1/2017- 06/30/	/2018	

CilUserstkreuteriDownloads\FY18 Services Change Form doox 5/17/17

kvinz@thenia.org

Totals	ALOP				Transition		Safe Schools	New Directions MIC 9-12	New Directions MJC9-12	New Directions MJC 9-12	New Directions MJC 7-8	New Directions MJC 6	New Directions MJC 4-S	New Directions MJC 3-4	New Directions MJC K-2		ABLE	CLASS	CLASS	ELS	ELS			ELS	New Pathways GHS 9-12	New Pathways GMS-S6-8	New Pathways GMS-S6-8	New Pathways John Stewart 3-5	New Pathways John Stewart K-3	New Pathways Munhall 2	New Pathways Wasco 4	New Pathways Wasco K-1	Pathways	ECHI	PROGRAM
	Geneva HS	VI-Kaneland	MCC	ECC	12+	Shelby	MJC9-12	MJC9-12	MJC9-12	MJC9-12	MJC 7-8	MJC6	MJC4-S	MJC 3-4	MJCK-2	BHS9-12	Mill Creek K-6	Western Ave. K-2	Western Ave. 3-5	GHS9-12	Prairie Knolls 6-8	John Stewart 4-5	Blackberry Creek 2	Blackberry Creek K	GHS 9-12	GMS-S6-8	GMS-S 6-8	ohn Stewart 3-5	ohn Stewart K-3	Munhall 2	Wasco 4	Wasco K-1	Fox Ridge EC-K	Fabyan ECHI	LOCATION
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Total Enrolled	ALOP			TRANSITION	TRANSITION	TRANSITION	TRANSITION		Safe Schools		Man Dischoi	Name Discontinue		New Direction	New Direction		New Direction	New Direction	New Direction	New Direction	New Directions	ABLE	ABLE	CLASS	CLASS	ELS	ELS	ELS	ELS	ELS	New Pathways	New Pathways	New Pathways	New Pathways	New Pathways	New Pathways	New Pathways	New Pathways	New Pathways	New Pathways	ECH	PROGRAM
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## 9/15/2017

During the 2016-2017 school year, there were 6 students enrolled in the Mid Valley Early Childhood Hearing Impaired program at Fabyan Elementary. At the end of the school year, only one student from that class was recommended to remain. The status of the other 5 students is as follows:

Student 1	D303	3/25/2012	Returned to Home District for Kindergarten
Student 2	D303	4/22/2012	Returned to Home District for Kindergarten
Student 3	D131	9/1/2011	Returned to Home District for Kindergarten
Student 4	D131	2/27/2012	Placement in NIA DHH Kindergarten
Student 5	D428	1/9/2013	Moved out of state 3/24/2017



## **FY18 SERVICES & FEES SUMMARY**

## MIDVALLEY SPECIAL EDUCATION

SERVICE	DAILY	FY18	
AREA	RATE	UNITS	TOTAL
SUPERVISION/	SUPPORT/BASELI	NE	
HEARING SUPERVISION/BASELINE	\$660.00	2	\$1,320.00
AUDIOLOGY SUPPORT/BASELINE	\$603.00	5	\$3,015.00
VISION SUPERVISION/BASELINE**	\$690.00	9	\$6,210.00
OI/MULTI SUPERVISION/BASELINE	\$690.00		\$0.00
SUBTOTAL			\$10,545.00
ANNUAL ASSESSMENT PAID IN FY16			\$0.00
SUPERVISION/SUPPORT/BASELINE FEE:			\$10,545.00
	ARING		
COUNSELING	\$609.00		\$0.00
HEARING TEACHING	\$444.00		\$0.00
AMPLIFICATION EQUIPMENT	\$603.00	1	\$603.00
VISI	ON/MULTI		
ORIENTATION & MOBILITY	\$545.00		\$0.00
INCLUSION SPECIALIST	\$545.00		\$0.00
VISION TEACHING	\$545.00		\$0.00
INSERVICE TRAINING (PER UNIT)	\$590.00		\$0.00
STEP SERVICES	\$653.00		\$0.00
T.	HERAPY		
OCCUPATIONAL THERAPY	\$594.00		\$0.00
PHYSICAL THERAPY	\$594.00		\$0.00
THERAPY SUPERVISION	, \$594,00		\$0.00
SPEECH/LANGUAGE SUPERVISION	\$635,00		\$0.00
SPEECH/LANGUAGE THERAPY	\$635.00		\$0.00
SPECIA	AL SERVICES		
AUTISM TECHNICAL ASSISTANCE	\$1,211.00		\$0.00
ASSISTIVE TECHNOLOGY	\$1,211.00		\$0.00
INTE	RPRETERS		
INTERPRETERS	\$261.00		\$0.00
AD	APTIVE PE		11.44.41
ADAPTIVE PHYSICAL EDUCATION	\$684.00	0	\$0.00
	GNOSTICS		
PSYCHOLOGICALS	\$660.00		\$0.00
GRAND TOTAL			\$11,148.00

\*\*INCLUDES 3 PROFESSIONAL DEVELOPMENT DAYS

7/14/2017 1ST QUARTER

Leaving Total - 4938+ 4 = 123450 Vision Total - 6210+4= 1552,50 1. by H