

**SPECIAL CIRCUMSTANCE ASSISTANT CONTRACT ADDENDUM
SCHOOL YEAR 2020-2021**

The IEP for the student identified below requires specialized support beyond the full range of instruction and services available to all students enrolled in the Special Schools Programs. The signature of the District Director of Special Education or Designee indicates approval for OCDE to employ the additional staff and agreement by the student's District of Residence to assume fiscal responsibility for the service(s) specified in the student's IEP.

APPROVAL MUST BE OBTAINED BEFORE INITIATING SERVICE

Student ID (SEIS): 1128979 SELPA: WACSEP

Student Name: _____

School of Attendance: MANN SPECIAL CLASSES Resident District: SOUTH WHITTIER SD

PROGRAM

The student's IEP specified that additional instruction and/or services are needed in order for this student to benefit from his/her special education program. The following staff will be provided:

- Special Circumstance Assistant (SCA) or Transitional Behavior Assist (TBA)
- Specialized Health Care Assistant (SPHC Aide)
- Licensed Vocational Nurse (LVN)

The following level/amount of services will be provided:

- Individual requirement of _____ hours per day
District to be billed _____ hours per day
- Classroom support for 6 hours per day
District to be billed 6 hours per day

This position is shared with a:

- Student in the same district
- Student in another district*

The staff support or services described above will be provided from 7/1/2020 to 6/30/2021
Month/Day/Year Month/Day/Year

TRANSPORTATION

The student's IEP specifies that a transportation assistant is required for 2 hours per day to accompany this student when transported between home and school. District to be billed 2 hours per day.

This position is shared with a:

- Student in the same district
- Student in another district*

*If circumstances arise causing this position to no longer be shared, a new SCA contract will be developed reflecting this change.

The staff support or services described above will be provided from 7/1/2020 to 6/30/2021
Month/Day/Year Month/Day/Year

Interim phone/email approval from: _____

District Director or Designee

Date

Interim approval by FAX: Date Sent: _____ Date Received/Returned: _____
Date Sent Date Received/Returned

PLEASE RETURN ORIGINAL SIGNED ADDENDUM TO THE SPECIAL SCHOOLS PRINCIPAL

Program assistant services will be charged to the student's district of residence based on the average salary and benefits for the position and will be included as a separate item on the monthly tuition billing for Special Schools students.

Transportation assistant services will be charged to the student's district of residence at the average hourly rate and will be included on the transportation expenditure report and excess cost billing.

SIGNATURES:

District Director or Designee
Janal Bower, Ed. D.
Special Education Principal

District
OCDE
District

Date
9/18/20
Date

Director/Administrator

Orange County Department of Education
Special Education Services

Date