

SAN MATEO UNION HIGH SCHOOL DISTRICT

Approval of Consulting Agreements, Contracts, Invoices and Purchase Orders
Special Education Under \$25,000

Submitted to the Board of Trustees on 5/6/2021

<u>Requestor Name</u>	<u>Contract</u>	<u>Amount</u>	<u>Funding Source</u>
Amber Vigil / Holly Wade	JUVO Autism Behavioral and Health Services	\$16,408.00	Special Education - General Fund
Holly Wade	Morrissey Compton Educational Center	\$3,000.00	Special Education - General Fund
Amber Vigil	Learning Bio	\$3,400.00	Special Education - General Fund
	Total	\$22,808.00	

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR SUPERINTENDENT'S APPROVAL (Under 25K)

To: Kevin Skelly

Date: 04/26/2021

From: Amber Vigil

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: Learning Bio

Reason for proposal:

Psychoeducational assessment

Certificate of Insurance: Allied World Insurance Company

Contract Amount: \$3,400.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil

04/26/2021

Stephanie Quejada

04/26/2021

Personnel who oversees Site/Department budget

Vanessa Castano

04/28/2021

Manager of Capital Facilities and Purchasing

Valerie Miller

04/28/2021

Director of Budget and Fiscal Services



LEARNING BIO, JULIE FLYNN, LEP AGREEMENT WITH SAN MATEO UNION HIGH SCHOOL DISTRICT

Description of Services: Learning Bio, Julie Flynn, LEP will conduct the following:

Full psychoeducational evaluation including: testing, scoring, report writing, attendance at Individual Education Plan (IEP) meeting, consultation with IEP team.

Amount and Method of Payment: Compensation for the full performance of this agreement, San Mateo Union High School District shall pay Learning Bio, Julie Flynn LEP as follows:

\$3,400 per assessment

It is agreed between Learning Bio, Julie Flynn, LEP and San Mateo High School District as follows:

1. Contract Term: The term of this Agreement shall be from 9/1/2020-6/30/2021 unless terminated earlier.
2. Rate: \$3,400 per psychoeducational assessment. The rate includes testing, scoring, written psychoeducational report, attendance of one Individualized Education Plan (IEP) meeting. Rate will extend to \$250/hour following the first IEP meeting for each student. Contractor will provide test kits, testing protocols, and report copies. If a full evaluation is not warranted, rate will be \$250/hour.
3. Location: Contractor will conduct assessment at agreed upon location: Learning Bio office, school site, or tele testing.
4. License: Learning Bio bears responsibility to obtain licensing for services to be performed under this agreement at Learning Bio expense. Licensed Educational Psychologist (LEP # 3578) provided by the Board of Behavioral Sciences.
6. Compliance with State, Federal, and Local Laws, Regulations and Ordinances: Learning Bio will ensure all compliance with state, federal, and local laws, regulations or rules applicable to the performance of the work required under this agreement and will execute all certification of compliance therewith.
7. Confidentiality: All data produced and compiled by Learning Bio shall be considered confidential unless it can be obtained as a public record and shall not be shared with a third party without the prior written consent of the district.
8. Workers Compensation Insurance: Learning Bio shall maintain insurance throughout the term of this agreement: Comprehensive General Liability, Motor Vehicle Liability Insurance, Professional Liability.

Julie Flynn 4/16/2021

Learning Bio, Julie Flynn M.S. LEP
120 A Santa Margarita Avenue
Menlo Park, CA 94025

Henry Wade 4/19/21

San Mateo Union High School District
650 N Delaware St,
San Mateo, CA 94401

Ri Hoag

CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE COMPANY
 C/O: American Professional Agency, Inc.
 95 Broadway, Amityville, NY 11701
 800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Named Insured:

JULIE M FLYNN
 120A SANTA MARGARITA AVE.
 MENLO PARK CA 94025

Additional Named Insureds:

San Mateo Union High School District
 650 N. Delaware Street
 San Mateo, CA 94401

Type of Work Covered: PROFESSIONAL PSYCHOLOGIST

Location of Operations: N/A

(If different than address listed above)

Claim History: None

Retroactive date is 02/01/2019

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5013-4136	2/01/20	2/01/22	1,000,000 3,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSUREDS WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments: Defense Reimbursement Proceedings Limit is \$5,000.

This Certificate Issued to:

Name: JULIE M FLYNN
 120A SANTA MARGARITA AVE.
 Address: MENLO PARK CA 94025


 Authorized Representative

SAN MATEO UNION HIGH SCHOOL DISTRICT

Approval of Learning Bio

Student	Vendor	Scope of Service	# of Times per wk/mo/yr, Duration; or IEP; or as needed	Hourly Rate	Daily Rate	Monthly Rate	Weekly Max	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Learning Bio	Psychoeducational Assessment								\$3,400	1		\$3,400
												Total:	\$3,400

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR SUPERINTENDENT'S APPROVAL (Under 25K)

To: Kevin Skelly

Date: 04/16/2021

From: Holly Wade

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: Morrissey Compton Educational Center

Reason for proposal:

Contract for specialized tutoring in Dyslexia.

Certificate of Insurance: Nonprofits Insurance Alliance of CA

Contract Amount: \$3,000.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil

04/16/2021

Stephanie Quejada

04/19/2021

Personnel who oversees Site/Department budget

Vanessa Castano

04/22/2021

Manager of Capital Facilities and Purchasing

Valerie Miller

04/23/2021

Director of Budget and Fiscal Services

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL
OR NONPUBLIC AGENCY SERVICES**
(Education Code Sections 56365 et seq.)

This agreement is effective on March 1st, 2021 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2021, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency San Mateo UNION HIGH SCHOOL DISTRICT Nonpublic School /Agency: Morrissey Compton Educational Center

LEA Case Manager: Name JOHN BARTFIELD, ASSISTANT DIRECTOR OF SPECIAL EDUCATION Phone Number 850-558-2265

Pupil Name _____ Sex: _____
(Last) (First) (M.I.)

Address _____ City _____ State/Zip _____

DOB _____ Residential Setting: Home Foster LCI # _____ OTHER _____

Parent/Guardian _____ Phone () _____ () _____

Address _____ (Residence) City _____ (Business) State/Zip _____
(If different from student)

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: _____ during the regular school year
_____ during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: _____ during the regular school year
_____ during the extended school year
- Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE: (Applies to nonpublic schools only): Daily Rate: _____

Estimated Number of Days _____ x Daily Rate _____ = PROJECTED BASIC EDUCATION COSTS _____

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900) Dyslexia Tutor			Non Public Agency	20 Sessions 2 hours weekly	\$150.00		\$3,000.00
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 3,000.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 3,000.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Requirements: Quarterly Monthly Other (Specify)

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA -

The Morrissey Compton Educational Center

(Name of Nonpublic School/Agency)

 4/15/21

(Signature)

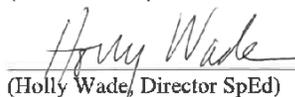
(Date)

Sara Music Contracts Coordinator

(Name and Title)

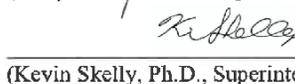
SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

 4/16/21

(Holly Wade, Director SpEd)

(Date)

 4-26-2021

(Kevin Skelly, Ph.D., Superintendent)

(Date)

SAN MATEO UNION HIGH SCHOOL DISTRICT

Approval of Morrissey Compton Educational Center

Student	Vendor	Scope of Service	# of Times per wk/mo/yr,Duration; or IEP; or as needed	Hourly Rate	Daily Rate	Monthly Rate	Weekly Max	Monthly Max	Yearly Max	Cost per Session	Maximum or Estimated Number of Session	Other	Contract Total
	Morrissey Compton Educational Center	NPA - Tutoring services for Dyslexia	3,000							\$150	20		\$3,000
												Total:	\$3,000

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR SUPERINTENDENT'S APPROVAL (Under 25K)

To: Kevin Skelly

Date: 04/01/2021

From: Amber Vigil / Holly Wade

Site(s) or Department: Special Education

Special Education

Number of Quotes: 0

Vendor/Contractor: JUVO Autism Behavioral and Health Services

Reason for proposal:

To pay for students' behavior intervention services provided by NPA-JUVO Autism Behavioral Health Services.

Certificate of Insurance: N/A

Contract Amount: \$16,408.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil

04/01/2021

Stephanie Quejada

04/05/2021

Personnel who oversees Site/Department budget

Vanessa Castano

04/14/2021

Manager of Capital Facilities and Purchasing

Valerie Miller

04/15/2021

Director of Budget and Fiscal Services

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)			NPA-JUVO	10 hours weekly RBT 4 hours monthly BCBA Supervision	\$45/hour \$136/hour	280 28	\$12,600.00 \$3,808.00
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900)J							
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 16,408.00

