


DEPARTMENT OF SPECIAL SERVICES
Township of Union Public Schools
M - E - M - O - R - A - N - D - U - M

TO: Pat Ditri
FROM: Kim Conti 
RE: Board Agenda Items
DATE: December 23, 2011

The Superintendent recommends, the committee concurs and I so move that the board approve Somerset Medical Center to provide bedside instruction for district students on an "as needed" basis for the period December 1, 2011-June 30, 2012 from account 7693-11-150-100-320-01-19, in the amount not to exceed \$2,000.00 and in accordance with the information in the hands of each board member.

Dec-22-2011 10:19 AM SOMERSET MEDICAL CENTER 9086852200

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Somerset

MEDICAL CENTER

110 Rehill Avenue
Somerville, NJ 08876-2598

AGREEMENT FOR EDUCATIONAL SERVICES SCHOOL YEAR 2011-2012

This letter will serve as an agreement between Somerset Medical Center and the following school district:

Student: _____ School District: _____

Home Instruction Coordinator: _____

Telephone: _____ Fax: _____

Billing Address: _____

Somerset Medical Center agrees to the following:

1. We will provide a structured time, Monday through Friday, from 8:30-10:00am, for students to work on their studies. This is done under the direction of the academic coordinator. We will proctor quizzes and tests. There is no charge for this service.
2. We will provide, whenever possible and appropriate, the minimum of five hours a week of one-on-one tutoring for non-classified students and up to 10 hours a week for classified students. Somerset Medical Center has become an approved clinic for Home Instruction through the New Jersey Department of Education. The teacher providing instruction shall be appropriately certified for the subject or level in which the instruction is given.
3. We will modify the amount of work on an as needed basis. We will mail back student's completed work. Classroom teacher will be sent a Home Instruction Report for each tutoring session, which includes a grade for the session.
4. Our hospital teacher will be in contact with the student's guidance counselor and possibly classroom teachers.

Your school district agrees to the following:

1. Authorization for 5 hours a week for non-classified students and up to 10 hours a week for classified students at a rate of \$47.00 an hour.
2. Books, a reasonable amount of assignments to do in a hospital setting, quizzes and tests will be supplied for the student. Answer keys and a second copy of books, whenever possible, will be provided for tutors.
3. Our tutors will correct all of the work that's provided with an answer key. Your teachers may want to incorporate the Home Instruction Report grades, along with the work your student sends back to school, and the work your student did before coming to the hospital, into the final grade for the marking period. Our tutors are not responsible for the final grade for the marking period.

Checks, in the full amount billed, made payable to Somerset Medical Center for services rendered. Payment needs to be made within 45 days.

Please sign the bottom of this form and FAX it to Stefanie MacCormack at your earliest convenience. FAX: (908) 685-2458. If you have any questions or concerns, please call us at (908) 685-2200 x357R. Thank you for your cooperation.

Sincerely,

Stefanie MacCormack, MAT
Academic Coordinator

Date: _____

Signature of person authorizing Home Instruction and payment of service