


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 Item
DATE: September 26, 2013

The committee recommends and I so move that the Board approve an amendment to the July 16, 2013 agenda item, P-10, with Morris Union Jointure Commission, 340 Central Ave, New Providence, NJ 07974 to provide Physical Therapy evaluations at the rate of \$220.00 per hour for the school year 2013-2014 not to exceed \$5,000.00. Account number 11-000-219-320-01-19.

Amanda Viggiano; Daniel DeMarco and Amanda Maxwell and (b) Burnet Middle School STEAM Club – Tommy Harrell, Joann Gentile and Scott Cornacchia. The STEAM Clubs will run from September through May, three six-week sessions or 18 weeks at a rate of \$2066.66 per teacher. Faculty advisors will be paid three times per year after the conclusion of each six week session. (Acct. # 17213/11-421-100-101-62-54-0612)

P-6. The Superintendent recommends, the committee concurs and I so move that the board approve I&RS Committee members for the 2013-2014 school year in accordance with the information in the hands of each board member.

P-7. The Superintendent recommends, the committee concurs and I so move that the board approve Dr. Abraham Morganoff, Pediatric Neurologist, 1020 Galloping Hill Road, Union, New Jersey to provide neurological evaluations at a rate of \$425 per evaluation not to exceed \$5400 for the 2013-2014 school year. (Acct # 11-000-219-320-01-19)

P-8. The Superintendent recommends, the committee concurs and I so move that the board approve Therese Desamours, a classroom assistant for the Extended School Year Program at a rate of \$16 per hour for the period July 1 through July 30 2013 (Monday through Friday).

P-9. The Superintendent recommends, the committee concurs and I so move that the board approve the following staff to act as data collectors for the Post School Outcomes Transition Study at a rate of \$38.25 per hour: (a) Latesha Jenkins; (b) Rosa Teixeira; (c) Peter Klein; (d) Jennifer Russo and (e) Natalie Ratcliffe. The end date of this program is being amended to September 30, 2013 to allow for an extension of time for data collection. (Acct # 11-000-219-320-01-19)

P-10. The Superintendent recommends, the committee concurs and I so move that the board approve Morris Union Jointure Commission, 340 Central Avenue, New Providence, New Jersey to provide physical therapy evaluations at a rate of \$220 per hour not to exceed \$2200 for the 2013-2014 school year in accordance with the information in the hands of each board member. (Acct #11-000-219-320-01-19)

P-11. The Superintendent recommends, the committee concurs and I so move that the board accept proposal from Promedia Technology Services, Inc., 535 US Highway 46 East, Little Falls, New Jersey to provide technical services at a rate of \$140 per hour for regular technical servicing and \$200 per hour for emergency, overtime and holidays not to exceed 200 hours for the 2013-2014 school year in accordance with the information in the hands of each board member.

MORRIS-UNION JOINTURE COMMISSION
340 Central Avenue
New Providence, NJ 07974
(908) 464-7625 (Ext. 1119) FAX (908) 464-1244

DLC RELATED SERVICES CONTRACT HOURLY-2013-2014 SCHOOL YEAR

Please Note: This form is to be used only for services that are not included as a class component. Please use one contract per service.

Student: _____ D.O.B.: _____
 Sending District: _____ District Code: _____
 Receiving District: _____ District Code: _____
 Class Name: _____ Teacher: _____
 School: _____ School Code: _____
 Contact Person: _____ Phone #: _____

SERVICES REQUESTED: (Check one only)

COST FACTOR/HOUR

	Member	Non-Member
<input type="checkbox"/> Occupational Therapy Services w/OTR	\$200	\$245
<input type="checkbox"/> Physical Therapy Services	\$220	\$265
<input type="checkbox"/> Speech/Language Services	\$235	\$280

Please **check one** of the three options below.

1. Evaluation only. We wish to review recommendations before requesting therapy. (In this case, a second form must be submitted if you wish to request services).
2. Evaluation and proceed with therapy as recommended by the evaluating therapist up to _____ hrs./wk.
3. Individual Therapy: _____ sessions/week _____ minutes/session

I hereby agree to authorize payment to the Morris-Union Jointure Commission for the provision of the aforementioned service at the rate stipulated in this contract. I understand that the monthly invoice for this service will reflect the hourly rate multiplied by 4.2 weeks per month. I further understand that written notice must be given to the Morris-Union Jointure Commission for discontinuance of the above service.

To the fullest extent permitted by law, the Sending District shall indemnify and hold harmless the Commission, its officials, employees, and agents from and against all claims, damages, and expenses, including but not limited to reasonable attorneys' fees, arising from, in connection with, or as a result of this Agreement or the provision of services hereunder. This indemnification and hold harmless provision, however, shall not include any claim caused by or resulting from the negligence, willful misconduct or intentional wrongdoing of the Commission, its officials, employees, and/or agents without any contributing negligence, willful misconduct or intentional wrongdoing on the part of the Sending District, its officials, employees, or agents. In the event contributory negligence, intentional wrongdoing, or willful misconduct is adjudicated against Sending District, Sending District's indemnification obligation hereunder shall be limited to the percentage of such negligence attributed to Sending District by the adjudicating authority.

Director of Special Services **Date**

School Business Administrator **Date**
 (If required by requesting district)

Superintendent of Schools **Date**
 (If required by requesting district)