

**DEPARTMENT OF SPECIAL SERVICES
TOWNSHIP OF UNION PUBLIC SCHOOLS
M-E-M-O-R-A-N-D-U-M**

TO: Dr. Gerald Benaquista

**C: Diana Cappiello
Dr. Jose Rodriguez
Marissa McKensie
Yolanda Koon
Bernadette Watson**

From: Kim Conti 

Re: Board Agenda Items

Date: October 30, 2024

**To amend, F-24 approved on 4/24/2024 for Tech Abilities Consulting LLC, 142 Beachview Ave., Manahawkin, New Jersey, to provide evaluations and consulting, to add Assistive Technology/AAC general training for district students, staff and families at the rate of \$175.00 per hour for the 24-25 School Year not to exceed \$20,000.00.
Account # 11-000-219-320-01-19**



LLC

Accessing the Possibilities with Assistive Technology

2024-2025

Fee Schedule

Contract Start Date: _____ Contract End Date: _____

Service	Rate	Unit
Augmentative & Alternative Communication Evaluation <i>Insurance</i> (includes submission of paperwork to AAC vendor for funding as well as supplemental statements as needed for appeals) or <i>District Funded</i>	\$1000	Per Evaluation
Assistive Technology Evaluation	\$875	Per Evaluation
Assistive Technology <u>or</u> AAC Consultation	\$150	Per Hour
Speech-Language Consult/Speech-Language Therapy	\$125	Per Hour
Assistive Technology/AAC General Training for student, staff, and family (minimum of 2-hours billed)	\$175	Per Hour
Half-Day Staff Professional Development (maximum of three hours on site, a certificate of completion will be provided to all staff in attendance)	\$750	Per PD Training
Full-Day Staff Professional Development (maximum of six hours on-site, a certificate of completion will be provided to all staff in attendance)	\$1300	Per PD Training

Note: All travel is included in the cost of the evaluations, consultations, training, therapy services, and professional development. All evaluations include a written report.



Accessing the Possibilities with Assistive Technology

Billing: TechAbilities Consulting, LLC will bill you upon the completion of services. You must provide TechAbilities with the billing address and necessary purchase orders.

Mailing Information: Please return the contract to the address listed below.

TechAbilities Consulting, LLC
142 Beachview Ave
Manahawkin, NJ 08050

I agree to the terms of the above proposal. Once this document is signed, it will serve as a binding contract. However, either party may cancel the contract by giving 30 days written notice to the other party.

Date: _____
Lauren R. Padula
Owner, TechAbilities Consulting, LLC

Signature: _____ Date: _____

Name: _____ Title: _____

Account Payable Contact and Billing Address:

Name: _____ Title: _____

E-Mail: _____

Phone #:(_____) _____ - _____ Ext. _____

Fax # _____

Address: _____

City _____ State _____ Zip _____