

DEPARTMENT OF SPECIAL SERVICES  
Township of Union Public Schools  
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TO: Gregory Tatum

C: Diane Cappiello  
Julia Vicidomini

FROM: Kira Baskerville *Kira Baskerville*

RE: Board Agenda

DATE: 10/19/2016

The committee recommends and I so move that the board approve Brookfield Academy/Summit Oaks Program, Summit Oaks Hospital, 19 Prospect Street, Summit, NJ 07901 to provide bedside instruction district students on an "as needed" basis for the school year 2016-2017 in an amount not to exceed \$3,000.00 in accordance with the information in the hands of each board member. (7693-11-150-100-320-01-19)

**2016-2017 AGREEMENT FOR THE PROVISION OF INSTRUCTION WITH THE  
BROOKFIELD EDUCATIONAL SERVICES PROGRAM**

The Township of Union Board of Education agrees that Brookfield Schools should provide educational services to the district students during their stay at our programs during the 2016-2017 school year.  
Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Person (to obtain Approval for Educational Services Payment): \_\_\_\_\_

Current Homebound Instruction Rate approved by your District's Board of Education for 2016-2017 school year \$ \_\_\_\_\_ hourly

**The district agrees to the following:**

1. To provide all necessary information regarding the classification and course of instruction being provided to the student.
2. To furnish all textbooks, assignments, and related materials and lesson plans for \_\_\_\_\_.
3. To make payment in the amount of \$ 40.92 (your current 2016-2017) rate per hour for instructional services.
4. If your district requires a voucher/PO, please provide copies so we may keep them in our files.

**Brookfield Schools agrees to provide the following:**

1. To employ properly certified teachers and to provide a course of instruction in compliance with all pertinent lesson plans and course material.
2. To advise pertinent district personnel regarding the assignment of grades, when needed
3. To provide written reports on student's progress as required.
4. To comply with the district policy for the number of hours per day for educational services the student.

We, the undersigned, agree to the terms indicated above for the provision of Educational Services.

By the school district:

Kira Bastenille  
Signature  
Kira Bastenille  
Name

Supervisor of Special Services  
Title  
10/26/16  
Date

Nancy Moran  
Signature  
Mrs. Nancy Moran  
Name

Director of Special Projects  
Title  
\_\_\_\_\_  
Date

Thank you, please mail to: Mrs. Debra L. Marthins  
Brookfield Schools  
1009 Berlin Road  
Cherry Hill, NJ 08034

or Fax 856-547-3186  
Phone: 856-547-3106  
email: dmarthins@brookfieldschools.org