

**AGREEMENT FOR PROFESSIONAL SERVICES  
SCHOOL YEAR 2020-2021**

**UNION COUNTY EDUCATIONAL SERVICES COMMISSION  
&  
BOARD OF EDUCATION OF UNION**

This Agreement made and entered into this 1st day of July, 2020, effective as of July 1, 2020, by and between the **Board of Education of Union**, having administrative offices at 2369 Morris Ave, Union NJ 07083 (the "Board") and the **Union County Educational Services Commission**, with their principal place of business at 45 Cardinal Drive, Westfield, New Jersey, 07090 (the "Commission").

**WITNESSETH:**

**WHEREAS**, the Board has resources currently committed to child study teams during the 2020-2021 school year, which resources include, but are not limited to, child study team members; and

**WHEREAS**, the child study team members perform various functions, including but not limited to, the conduct of child study team evaluations, and

**WHEREAS**, the Board is in need of professional assistance in connection with the conducting of initial evaluations, reevaluations, and IEP meetings; and

**WHEREAS**, the Board wishes to engage the professional services of the Commission to render said services for the period from July 1, 2020 through June 30, 2021 (the "Work"); and

**WHEREAS**, the Public Schools Contract Law, N.J.S.A. 18A:18A-1 et seq. does not require professional service contracts to be advertised for bid; and

**WHEREAS**, the Board and the Commission do hereby wish to enter into this Agreement for Professional Services (the "Contract"),

**NOW, THEREFORE**, the Board and the Commission mutually agree as follows:

1. **SCOPE OF SERVICES:** The Commission shall perform: (a) initial evaluations; (b) reevaluations; and (c) annual reviews. It is understood that the Commission's child study teams will operate under the direction of a designated individual within the **Board of Education of Union** (the "Manager"). The Manager will determine who will schedule the eligibility conferences, evaluations and IEP conferences. The Manager will also supply the Commission's teams with the identifying information for the student to be evaluated, including necessary consent forms. The Commission's teams must consult the Manager prior to conducting any conferences so that a **Board of Education of Union** child study team member may attend. The Commission's team may not make any recommendations for changes in classification or placement without first discussing them with the Manager.

The Commission's teams will include a classroom observation, and a report of parents' comments in their evaluations. The teams will provide a typed original and one copy of all reports and will use their own test materials. IEPs will be completed on the

Board's form. Specialists' evaluations can either be arranged by: (a) the Manager, to be done by doctors under contract with the Board; or (b) by the Commission's teams, to be done by doctors appointed by the Commission for the fees set forth below. Evaluations, observations, and IEP conferences will be completed within 60 days of the Commission receiving, in writing, the name of the student to be evaluated.

2. **FEES:** The Board agrees to pay the Commission the following fees for the following services:

- |    |  |                                 |
|----|--|---------------------------------|
| A. | <u>Evaluations:</u>  |                                 |
|    | Psychology   | \$420.00                        |
|    | Educational  | \$420.00                        |
|    | Social   | \$420.00                        |
|    | Speech Therapy   | \$420.00                        |
|    | Required CST Meeting   | \$100.00/consultant/<br>meeting |
| B. | Administrative Support<br>(Including due process hearings,<br>Travel, record reviews and<br>Additional meetings) | \$125.00/hour                   |

**IN WITNESS WHEREOF**, the parties hereto have executed this Contract on the date first written above.

**Board of Education of Union**

(SEAL)

ATTEST: \_\_\_\_\_  
Board Secretary      Date

By: \_\_\_\_\_  
Board President      Date

**Union County Educational Services Commission**

WITNESS: \_\_\_\_\_  
Board Secretary      Date

By: \_\_\_\_\_  
Board President      Date