

**Salem Lutheran School**  
***Special Services Agreement***

*Special Services refers to any service provided to the student outside the realm of the regular classroom. The services are designed to either enhance or remediate a student's academic progress and to work in tandem with the benchmarking process as a response to intervention. While intervention programs are proven to be highly successful, they cannot be guaranteed.*

**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Start Date** \_\_\_\_\_ **School Year** **2014-2015**  
**Cancellation Date** \_\_\_\_\_ **Provider** \_\_\_\_\_

**Tier I**

Intervention is provided for all students as part of the regular educational curriculum by the classroom teacher. Students with reading and math skills determined to be below the benchmark are identified and progress-monitored. Instructional strategies are research-based.

**Tier II (approx. 90 minutes per week)**

Intervention is provided in a small group setting using research-based reading and math strategies for those students whose skills are identified to be below the benchmark and not making adequate progress with Tier I intervention in the regular classroom. Students whose skills improve to grade level are dismissed and continued to be progress monitored in the regular classroom. Those students whose skills do not improve with Tier II intervention are referred for formal evaluation.

**Tier III (time depends on type of service)**

Intervention is provided in a small group setting by an educational therapist using research-based instructional strategies for those students whose skills are not at grade level and require and intensive intervention. Students receiving Tier III intervention are formally diagnosed with learning differences, developmental delays/disorders, or physical limitations.

**Executive Functioning Therapy (90 minutes per week)** has as its purpose to equip the student with coping skills to become an independent learner. Therapy includes using identified academic areas of struggle in the classroom while improving mental processes such as planning, organizing, strategizing, attending to details, and managing time and space to follow through on assignments. Students and parents are responsible for collaborating with the therapist and classroom teachers to produce optimal academic achievement.

**Alternative Math Curriculum (replaces regular classroom math curriculum)** develops an individualized program determined by the student's current grade level.

**Dyslexia Therapy (180 minutes per week)** addresses diagnosed language deficits particularly in the areas of handwriting, reading, spelling and written composition. Therapy is usually provided over two years. Dyslexia therapy is intensive, systematic and cumulative.

**Fees and Payment**

_____	<b>IEP/504 Formulation only</b>	<b>\$175 per year</b>
_____	<b>Proctoring of classroom tests</b>	<b>\$500 per year</b>
_____	<b>Formal Diagnostic Testing</b>	<b>\$400</b>
_____	<b>Tier I Classroom Intervention</b>	<b>NO COST</b>
_____	<b>Tier II Small Group Intervention</b>	<b>\$2500 per year</b>
_____	Reading Readiness (Kindergarten)	
_____	Language Enrichment (Grades 1 -3)	
_____	DMS (Developing Metacognitive Skills) (Grades 3+)	
_____	Math	
_____	<b>Tier III Intervention Educational Therapy</b>	
_____	Executive Functioning	<b>\$3000 per year</b>
_____	Alternative Math	<b>\$4000 per year</b>
_____	Dyslexia Therapy	<b>\$6000 per year</b>

*In the event several Tiers apply to your child's intervention plan, the fee will be determined by the most costly service and additional services will be added at a rate of \$500 per service.*

**Total Amount Due for Special Services** \_\_\_\_\_

**Payment Plan** *All charges will be billed to the family TADS account*

1 payment \_\_\_\_\_ due the first month of the Agreement  
2 payments \_\_\_\_\_ due first month of Agreement and January, 2015  
10 payments \_\_\_\_\_ due first month of Agreement and subsequent  
*Choose the due date: 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup> 25<sup>th</sup>)*

**By signing this Agreement I acknowledge I understand the above information and agree to the terms within -**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**School Signature** \_\_\_\_\_  
Notes

