

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 2019-2020**
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.

Executive Functioning/Class Support Therapy (90/180 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.

This contract may be terminated by either party; however, monthly or bi-monthly payments will be adjusted accordingly by the yearly fixed amount. One day a month is designated for special services administrative duties. Two days a year are designated for staff professional development. If a special services personnel is absent, a substitute will be secured for the day or the sessions will be made up at a later date. If a student is absent sessions will not be made up. Sessions missed due to school-wide or class-wide functions will not be made up.

Fees and Payment

_____	IEP/504 Formulation only	\$200 per year
_____	IEP Included with other services	
_____	Proctoring of classroom tests	\$500 per year
_____	Tier I Classroom Intervention	NO COST
_____	Tier II Small Group Intervention	\$2500 per year * (\$500)
_____	Reading Readiness (Kindergarten)	
_____	Language Enrichment (Grades 1 -3)	
_____	DMS (Developing Metacognitive Skills) (Grades 3+)	
_____	Math	
_____	Tier III Intervention Educational Therapy	
_____	EF / Class Support A 2x's/ wk	\$3000 per year * (\$500)
_____	EF / Class Support B 4x's/ wk	\$6000 per year * (\$1000)
_____	Alternative Math	\$5000 per year * (\$1000)
_____	Dyslexia Therapy	\$6500 per year

** 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 accordingly.*

Total Amount Due for Special Services _____

Payment Plan *All charges will be billed to the family TADS account (If no payment selection is specified, the charges will be billed on the 5th of each month.)*

1 payment	_____	due the first month of the Agreement
2 payments	_____	due first month of Agreement and January, 2019
10 payments	_____	due first month of Agreement and subsequent

Choose the due date: 5th, 10th, 15th, 20th 25th)

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

Parent Signature _____ **Date** _____

Printed Name _____

School Signature _____