



COMMUNITY CONSOLIDATED SCHOOL DISTRICT 15

Joseph M. Kiszka Educational Service Center
580 N. 1st Bank Drive
Palatine, IL 60067-8110
(847) 963-3000

MEMORANDUM

DATE: December 3, 2015
TO: Board of Education
FROM: Susan Gehring
RE: The Cove School



Please review and approve the Nonpublic Facility Placement Contract for The Cove School, for the remainder of the 2015-16 school year. A new student has enrolled in the district and is currently placed at The Cove School. The anticipated cost for the contract is \$36,483 for 152 school days, partially reimbursed through the Illinois State Board of Education (ISBE) claim process. The Cove School is an approved ISBE nonpublic facility which provides special education services to students with disabilities.

C. To provide to the district the following: *(Continued)*

- 4. Notification of all significant changes in staff, location, physical facilities and program of facility as such changes occur. (Program changes which affect the private facility code number listed in Section II require a new contract.)
- 5. Other reports that district may reasonably require of facility from time to time.
- 6. Notification of any change in residence or guardianship of the student.

D. To assist the district and the parent or guardian of student in the annual or more frequent review of student's educational needs. Any recommended change in program or placement that deviates from the IEP requires a new IEP meeting prior to implementation.

E. As appropriate, to provide documentation of curriculum and course material as required by district, sufficient to enable student to return to district with credit given for course work completed.

F. To permit district, its representatives and the representatives of the State Board of Education to visit and inspect the facilities maintained by facility and to permit evaluation of the programs and services provided by facility.

G. To notify the district of any change in approval status with respect to 23 Illinois Administrative Code 401.

H. To secure and maintain during the term of this agreement such comprehensive public liability insurance necessary to insure against any loss or liability for personal injury to student which may arise from operations and activities conducted pursuant to this agreement whether such operations or activities are conducted by facility or by anyone directly or indirectly employed by facility.

I. To conduct an annual audit in order to verify actual expenditures for the special education, related services or room and board for student.

J. To assure that no person shall be denied participation in or benefits of any program or activity or otherwise be subjected to discrimination on the basis of race, color, national origin, or sex under any program or activity conducted by facility or in the employment practices of facility.

K. To assure that no parents are charged for any special education, related services or room and board for any students placed by local school districts.

L. To assure that no charges for special education, related services and room and board exceed the costs approved by the Illinois Purchased Care Review Board (IPCRB).

M. To provide a school calendar upon request and, for residential placements, a calendar of operation.

N. To comply with the Interstate Compact provisions as applicable.

O. To secure all necessary releases of information from the parent of the student in question (or student if aged 18 or older and not under an order of guardianship) to facilitate any needed sharing of data or other student record information that may be in the possession of the school district and required by the nonpublic facility.

SECTION III

Please state costs in per diem terms.

	Number of Days
\$ <u>\$240.02</u> for tuition per diem for regular school term for _____	<u>122</u>
\$ <u>\$240.02</u> for tuition per diem for summer term for _____	<u>30</u>
\$ _____ for room and board per diem for regular school term for _____	_____
\$ _____ for room and board per diem for summer term for _____	_____
\$ _____ Other (specify) _____ on a _____ basic, with final payment no later than _____ (Specify Frequency) (Date)	_____

Should the IPCRB change the rate(s), the rates listed shall be changed to the approved rate. The total shall be appropriately adjusted, if there is more than one rate.

SECTION IV

Failure to comply with the terms and conditions set forth herein shall be grounds for termination of this agreement. Facility may terminate this agreement upon written notification, including a statement of reasons for termination, to be provided at least 30 calendar days prior to actual termination, except when the health and safety of this student or other students are endangered. District may terminate this agreement by providing at least 30 calendar days notice prior to actual termination.

SECTION V

Further conditions consistent with this agreement and the laws of the United States and the State of Illinois are attached if applicable.

We, the undersigned, agree to the terms and conditions to this agreement and do affirm that all required information and attachments required of district and facility will be appended to this document and retained in the files of district and facility.

(Date)

(Original Signature of District Superintendent)

(Date)

(Original Signature of Director of Nonpublic Facility)

(Date)

(Original Signature of State-Approved Director of Special Education)