

LIMITED CONTRACT FOR SERVICES

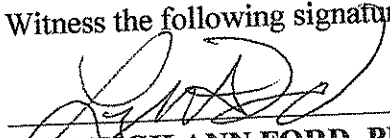
THIS AGREEMENT entered into this day, August 8, 2016, 2016, between the **PIKEVILLE INDEPENDENT BOARD OF EDUCATION**, 148 Second Street, Pikeville, Kentucky 41501, and **DR. LEIGH ANN FORD, LICENSED PSYCHOLOGIST, D/B/A FORD MENTAL HEALTH SERVICES, PLLC**, 237 2nd Street, Suite 5, Pikeville, Kentucky 41501.

WITNESSETH

TERMS OF SERVICES:

1. The effective date of this contract for services shall begin August 8, 2016 and end June 30, 2017,
2. This contract shall be for professional psychological evaluation and services,
3. The fee for **STANDARD PSYCHOLOGICAL EVALUATIONS** shall be \$195.00 and a **KINDERGARTEN PSYCHOLOGICAL EVALUATIONS** shall be \$195.00,
4. **CONSULTATIONS** beyond the **STANDARD EVALUATIONS** will be at a rate of \$100.00 per hour,
5. **EMOTIONAL/BEHAVIORAL DISORDER EVALUATIONS** shall be \$195.00,
6. The **PIKEVILLE INDEPENDENT BOARD OF EDUCATION** agrees to pay all billing within 30 calendar days from receipt of bill,
7. **FORD MENTAL HEALTH SERVICES, PLLC** agrees to maintain appropriate malpractice insurance and to provide copies of malpractice insurance coverage as well as current licensure status to the Pikeville Independent Board of Education.

Witness the following signatures as the day, month, and year state below.


DR. LEIGH ANN FORD, PH.D.
Licensed Psychologist

8-14-16
Date

PIKEVILLE INDEPENDENT BOARD OF EDUCATION
Chairman

Date