**MEMORANDUM OF AGREEMENT BETWEEN**
**DAWSON SPRINGS INDEPENDENT AND THE WEST KENTUCKY EDUCATIONAL COOPERATIVE**
**2018 - 2019**

The West Kentucky Educational Cooperative will provide:

| **Type of Service** | **Estimated Cost** |
|---|---|
| OT/OTA Services | $ 6,797 |
| PT/PTA Services | $ |
| School Psychologist | $ |

**OT/PT**: This includes: 1) services of an occupational therapist or physical therapist to evaluate, develop program plans, supervise occupational therapist or physical therapist assistant(s) providing direct services, and provide for on-going assessment and reports of progress; 2) salary and benefits of an occupational therapist assistant or physical therapist assistant to provide direct services to students according to district policies and procedures; 3) mileage reimbursement to support the cost of travel incurred in performance of duties for the district; and/or 4) resources needed to manage provision of services as discussed by consortium members represented by participating districts.

Additional services required by changes in student needs will be invoiced separately. Any changes in this agreement resulting from student needs and/or the availability of staff to perform these duties may be made and will be reflected in an amended agreement.

Clerical assistance for preparation of written reports, work materials (i.e., tests, reference materials, equipment, photocopies, and supplies, etc. needed for students and approved by the district special education director or appropriate designee), will be the responsibility of the member district.

These services are based on currently identified needs. Estimated travel reimbursement is included in this agreement at a rate of $.47 per mile. Travel costs will increase, if and when, the reimbursement rate increases. The Dawson Springs School District agrees to pay this estimated amount, billed on a quarterly basis, upon receipt of invoices due.

Patty Grable

_____ _____

Superintendent/Designee (Director of Special Education) WKEC Authorized Signature

_____ DATE