

**SERVICE CONTRACT BETWEEN  
NEWPORT BOARD OF EDUCATION AND Pamela Kaising M.S. CCC/SLP**

This agreement is between the Newport Board of Education, referred to as the First Party and Pamela Kaising, hereafter referred to as the Second Party.

- I. In consideration for the services described below, the First Party agrees to:
  - a. Reimburse the Second Party for delivery of speech-language therapy services for the Newport Independent School District for the **2020-2021** school year at the rate of **\$70.00** per hour for no more than **30** hours per week and not to exceed **\$75,600.00** per year.
  - b. Said reimbursement for speech-language therapy and supervision/mentoring services for the period from **August 2020**, the first day of the school year until the last school day of the school year. Reimbursements will follow the district's payroll schedule which will be provided to the first party prior to the beginning of the school year.
- II. The Second Party agrees to provide the First Party with the following services:
  - a. Provide speech-language therapy services as assigned by the Newport Director of Special Education in accordance with the Kentucky Department of Education regulations regarding provision of special education and speech-language services from the first day until the last day of **2020-2021** school year.
  - b. Maintain license in good standing with the Kentucky Board of Speech-Language Pathology and Audiology and the American Speech-Language Hearing Association.
  - c. Conduct evaluations, write reports, maintain due process records, service records and student progress reports as required by Director of Special Education.
  - d. Attend Admissions and Release Committee (ARC) meetings as required or to provide written reports when unable to attend.
  - e. Report all concerns regarding the professionalism and performance consistent with ASHA and the Kentucky Board of Speech-Language Pathology and Audiology to the Director of Special Education.
  - f. To provide expert testimony regarding services provided to the District during the term of the contract as requested by District Administrator representing the Board of Education as necessary for complaints, due process hearings, appeals or other civil actions taken by or against the Newport Board of Education.
- III. The Second Party agrees to State and District Requirements to satisfy Contract.
  - a. The Newport School Board of Education requires all employees, contractors, and interns to submit to a criminal history background check by the Department of Kentucky State Police and the Federal Bureau of Investigation. Fingerprints shall be obtained on an applicant's fingerprint card provided by the Department of Kentucky State Police. The results of the criminal background check will be sent to the hiring superintendent. Any fee charged shall be no greater than the actual cost of processing the request and conducting the search. Finger printing can be obtained at the superintendent's office in the Newport Welcome Center. Newport Board of Education charges \$32.00 for the background check and fingerprints. If you have completed a background check and finger printing at another district please submit a copy with your application/contract. **You are only required to submit to a Criminal Background check once. If you are**

they provide. You will be responsible for accurate documentation of all services provided to the special education student based on the service written in the IEP. Services are to be documented within **30 business days of delivery**. Payment for speech and language therapy documented in ezEdMed will be made within 30 business days. Incomplete or missing documentation will be addressed first by email and if not corrected following the email a meeting will be scheduled with the special education director.

- d. Evaluations – Medicaid allows providers to use snow days, Professional Development Days and PLC days for writing evaluations and analyzing the evaluation data. This does not include after regular school hours, weekends and holidays unless extended by KSBA during Non-Traditional Instruction (NTI).
- e. Providers shall participate in a Random Moment Time Study (RMTS) created by the Medicaid School Based Administrative Claiming (SBAC) program in an effort to recoup costs associated with administrative activities under the Individuals with Disabilities Education Act (IDEA).
- f. A change in a practitioner's License, certification or registration may disqualify the practitioner from covered Medicaid services. It is the responsibility of the therapist and or practitioner to submit a new license when a license expires during the contract period.


**IV. Both Parties agree to:**

- a. Uphold this contract during the **2020-2021** school year.
- b. Have the right to terminate the contract when provided thirty-day notice.
- c. Comply with state and federal regulations as may apply to this contract.

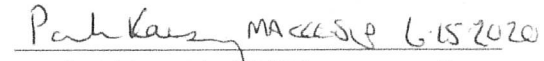
**Signatures:**

**First Party**

\_\_\_\_\_  
Tony Watts, Superintendent                      Date  
Newport Independent School District

  
Lisa Swanson, Director of Special Education      Date  
Newport Independent School District

**Second Party**

  
Pamela Kaising, M.S. CCC/SLP                      Date  
Speech Language Pathologist  
License # KY 1812

### CONFIDENTIALITY AGREEMENT

*FERPA is the Family Educational Rights and Privacy Act. This act prohibits the unauthorized release of personally identifiable information about a child, his/her educational records and unauthorized discussion about a child and his/her family by anyone who works in an educational setting. This does not prohibit the sharing of information about a child or their family that is necessary for you to carry out your job responsibilities*

- Sharing unauthorized information about children and their families is prohibited unless within the scope of your duties as a contracted employee of the District.
- Please use appropriate channels of communication for comments and concerns regarding students, their families, and employees of the District. If concerned about a student, family member or staff person or a situation you became aware of in the context of your duties, please speak with the director of special education, teacher, or principal. Do not discuss your concerns with others.
- Be a caring, supportive and professional member of our school team by respecting the rights and privacy of our children as well as fellow staff.
- Keep our schools safe by reporting student misbehavior that is a danger to that student or others.
- Parents have the right to inspect and review their children's educational records and can request copies of all of these records. If you are requested to share school records with a parent please consult with an administrator in your building before you do so.
- You are not required to share documents that are in the "sole possession of the creator" and "serve only as a private memo or reminder and are not shared with ANYONE other than the creator or a temporary substitute". This would include your case/client notes that are for your use only. If you share these notes with others, they become "open records" that must be shared with a parent/guardian who requests access to educational records.
- Parents may request an amendment of records that they consider "inaccurate, misleading, or in violation of the student's rights of privacy or other rights."
- Release of student information to others outside of our schools requires parental consent except in health and safety emergencies and to another school where a student is enrolled or intends to enroll.
- Parents are given annual notice in the *Code of Conduct* book that explains that "directory information" may be released by a school, unless the parent provides written notice to the school that this information may not be released. (*Directory information includes: name, address, telephone number, date and place of birth, major field of study, dates of attendance, class, participation in officially recognized activities and sports, degrees, and awards received and most recent educational institution attended by the student.*)
- Parental access rights transfer to adult students when they reach age of majority, age 18 in Kentucky.
- Notes concerning a student made by a staff member, retained by that person, and not shared with anyone are exempt from parental access.
- Under certain circumstances a state assigned social worker who is investigating child abuse or neglect reports may require certain information about a child or youth. The school principal will verify the authority of that person and instruct school staff to share verbal or written information about a child accordingly to comply with the law.
- When making a report to law enforcement authorities or social services, only the name, address, parent's name(s) in addition to the facts and circumstances may be shared. No additional information about the student's status may be shared at this time including: grade, disability status, disciplinary record, health status, description of behavior, etc. Additional information may be shared only when the court provides a subpoena or with written parental consent.

*I have reviewed these regulations on confidentiality and understand its implications with respect to my contract with the Newport Independent School District.*

Signature: \_\_\_\_\_

Date: 6.15.2020



6/14/2020

Lisa Swanson  
30 W 8th Street  
Cincinnati, Ohio 45236

## Primary Source Verification

This letter serves as official verification that the individual named below currently holds a Certificate of Clinical Competence (CCC) in Speech-Language Pathology awarded by the American Speech-Language-Hearing Association (ASHA) and conferred by ASHA's Council for Clinical Certification in Audiology and Speech-Language Pathology.

Being "certified" means holding the CCC, a nationally recognized professional credential that represents a level of excellence in the field of audiology (CCC-A) or speech-language pathology (CCC-SLP). ASHA's CCC-A and CCC-SLP certification programs are accredited by the National Commission for Credentialing Agencies (NCCA).

The ASHA CCC is maintained by (1) paying annual dues and/or fees, (2) earning and reporting 30 hours of professional development activities every three years, and (3) abiding by the ASHA Code of Ethics.

Individuals who hold the CCC-SLP have successfully met the speech-language pathology standards in effect at the time of their application and have completed the certification requirements, which included completion of the requisite academic coursework and clinical practicum, completion of a clinical fellowship (CF) experience supervised by an individual who held the CCC-SLP, and passing the Praxis Examination in Speech-Language Pathology administered by the Educational Testing Service (ETS).

<b>Name:</b>	<b>ASHA Account Number:</b>	<b>Certification Status:</b>
Pamela J Kaising	XXXX9646	CCC-SLP
<b>Area of Certification:</b>	<b>Certification Awarded:</b>	<b>Valid Through:</b>
SLP	07/01/1994	03/31/2021

Pamela J Kaising has not yet met the 2020 ASHA certification standards for providing clinical instruction and supervision to individuals preparing for ASHA certification.

A handwritten signature in black ink, appearing to read "Todd R. Philbrick".

Todd R. Philbrick, CAE  
Director, Certification



Public Protection Cabinet  
Department of Professional Licensing

This Document is an official verification of license by the Commonwealth of Kentucky

6/18/2020 5:41:57 PM

Board Name : Kentucky Board of Speech-Language Pathology and Audiology						
License Type : Speech-Language Pathologist						
Name	Legacy Number	License Number	Disciplinary Actions	Status	Issue Date	Expiration Date
Pamela J Kaising	1812	142728	No	Active	11/12/1996 12:00:00 AM	3/2/2021 12:00:00 AM



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/15/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Montgomery Insurance and Investments 114 South Detroit St. P.O. Box 670 Xenia OH 45385	<b>CONTACT NAME:</b> Kristi Williams <b>PHONE (A/C, No, Ext):</b> (937) 372-7646 <b>E-MAIL ADDRESS:</b> kris@montgomeryil.com <b>FAX (A/C, No):</b> (937) 376-4575
<b>INSURED</b> Ohio Speech-Language-Hearing Association POB 309 Germantown OH 45327	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Cincinnati Insurance Co. NAIC # 10677 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** Term 2020-2021**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPP0825778	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					GENERAL AGGREGATE \$ 3,000,000	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						PRODUCTS - COMP/OP AGG \$ 3,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							EACH OCCURRENCE \$
							AGGREGATE \$
							PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			CPP0825778	07/01/2020	07/01/2021	Each Incident Limit \$1,000,000 Aggregate Limit \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Pamela Kaising 6612 Rosalee Ln Cincinnati OH 45236	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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