**Board Memo**

**DATE:** 6/28/2021

**AGENDA ITEM DETAILS:**

**School/Department**

Special Education

**Product Vendor or Grant Issuer**

IXL Learning

**Product or Grant Name**

IXL Math

**Date/Term (Beginning and End Dates/Year)**

August 12, 2021 to August 11, 2022

**APPLICABLE BOARD POLICY:**

N/A

**DESCRIBE USE OF CONTRACT/PURCHASE/AGREEMENT**

Home Hospital teacher uses this product to provide services for students.

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

$249.00

**Funding Source**

IDEA

 **\*If more than one funding source, list below along with amount or percent for each source**

N/A

**IF THIS IS A GRANT, ENTER AMOUNT TO BE AWARDED:**

N/A

**RECOMMENDATION:**

I recommend the board approved this agreement as presented.

Ms. Jenny Watson, Assistant Superintendent - LSS

**CONTACT PERSON: (submitter)**

Jodi Hall, Director - Special Education