**Board Memo**

**DATE:** 7/21/2021

**AGENDA ITEM DETAILS:**

**School/Department**

Special Education

**Product Vendor or Grant Issuer**

Erin Elfers, BCBA

**Product or Grant Name**

BCBA services

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

8/1/2021 to 7/1/2022

**APPLICABLE BOARD POLICY:**

N/A

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

This is to perform direct individual behavior support services.

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

125.00 per hour

**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:**

Recommendation to approve the contract so that appropriate services can be provided as needed for behavioral supports.

Dr. Jim Detwiler, Deputy Superintendent/CAO

**CONTACT PERSON: (submitter)**

Jodi Hall, Director Special Education