**Board Memo**

**DATE:** 9/20/2021

**AGENDA ITEM DETAILS:**

**School/Department**

Special Education

**Product Vendor or Grant Issuer**

Supporting Success for Children with Hearing Loss Inc

**Product or Grant Name**

Teacher Tool Takeout

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

10-1-21 thru 10-1-22

**APPLICABLE BOARD POLICY:**

N/A

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

Tools for Hearing Impaired teachers to provide services for students

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

$170.00

**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 that the board approve this agreement as presented.

Dr. Jim Detwiler, Deputy Superintendent/CAO

**CONTACT PERSON: (submitter)**

Ms. Jodi Hall, Director of Special Education