**Board Memo**

**DATE:** 8/23/2022

**AGENDA ITEM DETAILS:**

**School/Department**

Special Education

**Product Vendor or Grant Issuer**

Sign Baby Sign LLC

**Product or Grant Name**

American Sign Language services – Aide and Interpreting

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

22-23 school year

**APPLICABLE BOARD POLICY:**

N/A

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

Provide American Sign Language services as required by individual student’s educational plans.

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

Per hour cost depending on service – rates noted in agreements

**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 the agreements as presented.

Dr. Jim Detwiler, Deputy Superintendent/CAO

**CONTACT PERSON: (submitter)**

Jodi Hall, Director of Special Education