

### 2014-2015 Progress Targets Action Plan

<b>SCHOOL CODE: 080</b>	<b>SCHOOL NAME: Lincoln Elementary School</b>
<b>Content Area:</b>	<input type="checkbox"/> English Language Arts <input checked="" type="checkbox"/> Mathematics
<b>Subgroup(s) Not Meeting Progress Targets for proficiency and/or other measures:</b>	<input type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Total Population <input type="checkbox"/> Students with Disabilities <input type="checkbox"/> Limited English Proficient Students <input type="checkbox"/> Economically Disadvantaged
<b>Intervention(s) to be implemented:</b>	Remediation based on NJ PASS/NJ ASK/Tracking of Standards/Go Math/ Series/Basic Skills Instruction

<b>Subgroup(s) Not Meeting Graduation Rate Target:</b>	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Total Population <input type="checkbox"/> Students with Disabilities <input type="checkbox"/> Limited English Proficient Students <input type="checkbox"/> Economically Disadvantaged
<b>Intervention(s) to be implemented:</b>	

<b>Amount of Title I, Part A Funds Allocated for Intervention: \$15,000</b> (Indicate "N/A" if school does not receive Title I funds)	\$15,000
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Action Steps	Persons Responsible	Additional Resources Dedicated	Due Date - Timeline
1 Met with teachers; disaggregation of student data	Teachers/Principal	NJ PASS/NJ ASK Result & Cluster Breakdown	September
2 Revised 3-5 Mathematics Curriculum	Teachers/Supervisor/Principal	Common Core Standards	September - June
3 <i>Interactive Achievement</i> – Create online assessments that track standards	Teachers		November - June
4 SGO's created to address areas in need of improvement	Teachers/Principal	NJ ASK Results	September - June
5 <i>Go Math!</i> Series (K-5) is aligned to Common Core Standards <ul style="list-style-type: none"> <li>• Online subscription for students</li> <li>• RTI Kit</li> <li>• Manipulative Kits</li> </ul>	Teachers/Principal	Go Math & Common Core Standards	September - June
6 Basic Skill Instruction (3-5)	Basic Skills Teacher	<i>Go Math!</i> RTI Kits	October - June

## 2014-2015 Progress Targets Action Plan

7	School Support Program for Students at Risk (Title I)	Teachers		November - May
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\*Title I funds must be used to supplement, and not supplant state and local funds.  
Add additional forms as needed.

## 2014-2015 Progress Targets Action Plan

<b>SCHOOL CODE:</b> 055	<b>SCHOOL NAME:</b> Hasbrouck Heights Middle School
<b>Content Area:</b>	<input checked="" type="checkbox"/> <i>English Language Arts</i> <input type="checkbox"/> <i>Mathematics</i>
<b>Subgroup(s) Not Meeting Progress Targets for proficiency and/or other measures:</b>	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Total Population <input type="checkbox"/> Students with Disabilities <input checked="" type="checkbox"/> Limited English Proficient Students <input checked="" type="checkbox"/> Economically Disadvantaged
<b>Intervention(s) to be implemented:</b>	Remediation based on Quarterly and NJ ASK/Tracking of Standards/Writing Across Curriculum

<b>Subgroup(s) Not Meeting Graduation Rate Target</b>	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Total Population <input type="checkbox"/> Students with Disabilities <input type="checkbox"/> Limited English Proficient Students <input type="checkbox"/> Economically Disadvantaged
<b>Intervention(s) to be implemented:</b>	

<b>Amount of Title I, Part A Funds Allocated for Intervention:*</b> (Indicate "N/A" if school does not receive Title I funds)	\$15,000
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Action Steps	Persons Responsible	Additional Resources Dedicated	Due Date - Timeline
1 Met with teachers; disaggregation of student data	Principal	NJ ASK Result & Cluster Breakdown	September
2 Quarterly Assessments with common core standards and Level of questioning addressed	Teachers		October - June
3 Revised 6-8 Language Arts Curriculum	Teachers/Principal/Supervisor	Common Core Standards	September - June
4 Interactive Achievement – Create Online Assessment to Track Standards	Teachers		November - June
5 SGO created to address areas in need of improvement	Teachers	NJ ASK Results	September - June
6 Exemplar Text and Non Fiction infused into daily lessons	Teachers	State Exemplar	September -

## 2014-2015 Progress Targets Action Plan

			List	June
7	Writing Across the Curriculum (Social Studies, Science, and Math)	Teachers	Common Core Standards	September - June
8	Support Program for Students at Risk (Title 1)	Teachers		November - May

\*Title I funds must be used to supplement, and not supplant state and local funds.  
**Add additional forms as needed.**

## 2014-2015 Progress Targets Action Plan

<b>SCHOOL CODE: 055</b>	<b>SCHOOL NAME: Hasbrouck Heights Middle School</b>
<b>Content Area:</b>	<input type="checkbox"/> English Language Arts <input checked="" type="checkbox"/> Mathematics
<b>Subgroup(s) Not Meeting Progress Targets for proficiency and/or other measures:</b>	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Total Population <input type="checkbox"/> Students with Disabilities <input checked="" type="checkbox"/> Limited English Proficient Students <input checked="" type="checkbox"/> Economically Disadvantaged
<b>Intervention(s) to be implemented:</b>	Remediation based on Quarterly and NJ ASK/Tracking of Standards/Go Math Series/ Additional Math Section

<b>Subgroup(s) Not Meeting Graduation Rate Target</b>	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Total Population <input type="checkbox"/> Students with Disabilities <input type="checkbox"/> Limited English Proficient Students <input type="checkbox"/> Economically Disadvantaged
<b>Intervention(s) to be implemented:</b>	

<b>Amount of Title I, Part A Funds Allocated for Intervention:*</b> (Indicate "N/A" if school does not receive Title I funds)	\$15,000
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Action Steps	Persons Responsible	Additional Resources Dedicated	Due Date - Timeline
1 Met with teachers; disaggregation of student data	Principal	NJ ASK Result & Cluster Breakdown	September
2 Quarterly Assessments with common core standards and Level of questioning addressed	Teachers		October - June
3 Revised 6-8 Mathematics Curriculum	Teachers/Principal/Supervisor	Common Core Standards	September - June
4 Interactive Achievement – Create Online Assessment to Track Standards	Teachers		November - June
5 SGO created to address areas in need of improvement	Teachers	NJ ASK Results	September - June
6 Additional Math Section for all 8 <sup>th</sup> Grade Students	Teachers	List of students	September -

## 2014-2015 Progress Targets Action Plan

				June
7	Go Math Series by all grade levels which is aligned to Common Core Standards	Teachers	Go Math & Common Core Standards	September - June
8	Support Program for Students at Risk (Title 1)	Teachers		December - May

\*Title I funds must be used to supplement, and not supplant state and local funds.  
**Add additional forms as needed.**

# Hasbrouck Heights District Nursing Services Plan

## 2014-2015

(NJAC 6A:16-2.1 through 2.5)

**District Name: Hasbrouck Heights Public Schools**

**School Year: 2014-2015**

**Board of Education Approval Date:**

**District Contact Person: Dr. Mary Kildow**

### I. Description of Basic Nursing Services Provided to All Students: (N.J.A.C. 6A 16-2.1 (b) 2 (f))

Under the direction of the School Physician, the following services are provided to students:

A. Health Records (N.J.A.C. 8:57-4.1 through 4.20)	
1. Maintain and review student health documents	(N.J.A.C. 6A:16-2.2 (g))
a) State of New Jersey Health History and Appraisal record i.e., A-45 cards	
b) Immunization record	(N.J.A.C.:16-2.2 (a))
c) Medical history	
d) Conduct and record health screenings (i.e., height, weight, hearing, vision, scoliosis and blood pressure as per current NJ statutes)	(N.J.A.C. 6A:16-2.2 (k))
e) Physical examinations for:	
(1) Athletic Pre-Participation Physical Examination Form Part A & B as part of student's health record	(NJAC 6A:16-2.2 (f) 6) and (N.J.A.C. 6A:16-2.2 (h) 1)
(2) New or transfer student	(N.J.A.C. 6A:16-2.2 (h) 2)
(3) Working Papers health exam	(N.J.A.C. 6A:16-2.2 (h) 3)
(4) Comprehensive child study team evaluation	(N.J.A.C. 6A:16-2.2 (h) 4)
(5) Evaluation of student suspected of being under the influence of alcohol or a controlled dangerous substance	(N.J.A.C. 6A:16-2.2 (h) 5)
f) Transference and request of health records i.e. A-45 and current physical exam	(N.J.A.C. 6A:16-2.4 (d))
g) Adherence to Family Education Rights and Privacy Act	(FERPA- 20 U.S.C.§1232g, 34 CFR Part 99, N.J.A.C. 6A:16-2.2 (h) 5 and N.J.A.C. 6A:32-7)

2. Determine student status for admission or retention with unacceptable evidence of immunizations	(N.J.S.A. 18A:40-16 & N.J.A.C. 6A:16-2.2 (a))
3. Conduct tuberculosis testing as directed by the NJ DHSS	(N.J.A.C. 6A:16-2.1 (a) 2)
B. Medications, health care treatments, procedures and care:	
1. Administer authorized medications, health care treatments and care	(N.J.A.C. 6A:16-2.1 (a) 2)
2. Approval of self administered medications	(N.J.A.C. 18A:40-12.3 & 12.4 & N.J.A.C. 6A:16-2.1 (a) 2v)
3. Designate and train annually epinephrine auto injector delegates	(N.J.S.A. 18A:40-12.5 & 12.6)
C. Review and create IHP/IEHP for Do Not Resuscitate (DNR) orders	
D. Provide Health Care	
1. Provide nursing health care and execute medical regimens to students as per: NJ Nurse Practice Act, District Collaborative Standing Orders, IHP, IEHP, and Medical Home Practitioner's orders.	(N.J.A.C. 6A:16-2.1 (a) 4 (ii)), N.J.A.C. 6A:16-1.4 (a) and N.J.S.A. 45:11-23.- New Jersey Board of Nursing Statutes
2. Isolate, exclude and re-admit any student or employee with a communicable disease	(N.J.A.C. 6A:16-1.4 (a))
3. Report "Reportable Communicable Disease" to County health officer	(N.J.A.C. 8:57-1 & N.J.A.C. 6A:16-2.2 (d))
4. Arrange for transportation and supervision of students in need of emergency health care	(N.J.A.C. 6A:16-2.1 (a) 4 (iii))
5. Notify parents of need for emergency care	(N.J.A.C. 6A:16-2.1 (a) 4 (iv))
6. Administer emergency medications i.e., anaphylaxis (epinephrine) or asthma medications etc.	(N.J.A.C. 6A:16-2.1 (a) 4 (v))
7. Write and update annually student individualized health care plans (IHP's) and individualized emergency health care plan (IEHP's) for student's medical needs and instruction of staff.	(N.J.A.C. 6A:16-2.3 (b) 5 (xiii))
8. Establish, annually review and implement Standards of Care/Collaborative Standing Orders with the School physician for deliverance of daily and emergency health care	(N.J.A.C. 6A:16-2.3 (b)xi)
E. Administer asthma related care	
1. Obtain training for administration of medication via nebulizer	(N.J.A.C. 6A:16-2.1 (a) 5)
2. Maintain one nebulizer per school	(N.J.S.A.18A:40-12.8 (a) & N.J.A.C. 6A:16-2.1(a) 5(i))
3. Require Students to have a current " Asthma Action Plan	(N.J.A.C. 6A:16-2.1 (a) 5)
F. Health history and examinations	
1. Health history and examinations	(N.J.A.C. 6A:16-2.1 (a) 5 (iii))
2. Health history and examinations	(N.J.S.A. 18A:40-4, N.J.S.A 18A:35-4.8, N.J.A.C. 6A:16-2.2 and N.J.A.C. 6A:16-2.1 (a) 6)



1. Provide health examination for student's without medical homes	(N.J.A.C. 6A:16-2.2 (f) 6)
2. Maintain Athletic Pre-Participation Physical Examination Form Part A & B as part of student's health record	(N.J.A.C.6A:16-2.2 (f) 6)
G. Establish and maintain procedures for universal precautions	(N.J.A.C.6A:16-2.1 (a) 7) (N.J.A.C. 6A:16-2.1 (a) 8)
H. Provide nursing services to nonpublic school located in district	(N.J.A.C. 6A:9-13.3, N.J.S.A. 18A:40-3; and N.J.A.C. 6A:16-2.3 (b)5 (xv))
I. Instruct students/ teachers/staff: <ol style="list-style-type: none"> <li>1. communicable diseases, blood borne pathogens</li> <li>2. Asthma management</li> <li>3. Anaphylaxis</li> <li>4. classroom health curriculum (not CSN with a "Non-Instructional" certificate)</li> </ol>	
J. Provide information for: <ol style="list-style-type: none"> <li>1. NJ Family Care program</li> <li>2. Pregnancy Assistance</li> </ol>	(N.J.A.C. 6A:16-2.2 (f))
K. Implementation of the Nurse Practice Act by.....	
L. Certified School Nurse Functions as Certified School Nurse (CSN) and Registered Nurse <ol style="list-style-type: none"> <li>1. Nursing Diagnosis /Case-finding of actual or potential physical health problems</li> <li>2. Provision of nursing care for actual or potential emotional health problems</li> <li>3. Health teaching in health office</li> <li>4. Health teaching in classroom</li> <li>5. Health counseling</li> </ol>	N.J.S.A. 45:11-23.- New Jersey Board of Nursing Statutes

**II. Summary of Nursing Services Required to Address Specific Health Care Needs of Individual Students (N.J.A.C. 6A:16-2.1 (b)2 (ii))**

Services Required to Address Specific Health Care Needs of Individual Students with acute care needs, chronic illness, special health needs, procedures and administration of medications, procedures or treatments.		Euclid School	Lincoln School	Middle School	High School			
First-Aid, splinting, Ace-wrap etc.				4	3			
Dental: tooth avulsion, caries, braces, etc.		TBA	TBA	2	0			
Health Screenings Ht., Wt., & BP yearly		439	443	435	555			
Visual Acuity screening K,2,4,6,8,10		204	219	297	163			
Auditory screening K,1,2,3,7,11		277	284	138	130			
Scoliosis screening biennially age 10-18		79	75	138	266			
Diabetic Glucose testing, insulin pump management		1	0	2	1			
Mantoux/PPD testing		NA	NA	NA	NA			
Medication Administration- daily		3	2	1	1			
Medication Administration - PRN		53	65	23	15			
Nebulizer/inhalers/peak flow measurements		18	35	8	3			
Tube feedings		0	0	0	0			
Urinary catheterizations		0	0	0	0			
Ventilator care		0	0	0	0			
Referral for vision evaluations		TBD	TBA	4	6			
Referral for hearing evaluations		TBD	TBA	2	0			
Referral for Alcohol and drug use/abuse testing		0	0	0	0			
Referral for pregnancy		0	0	0	1			
Nursing Diagnosis /Case-finding of actual or potential physical health problems		74	70	12	18			



### III. Emergency Management (N.J.A.C. 6A 16-2.1 (b) 2 (iii))

#### A. Acute Care Management Plan:

1. Creation and maintenance of an Emergency Management Kit (“Go-box”, crash cart, etc.) for utilization in Crisis, Emergency Evacuations, or and Shelter-In-Place situations
2. Cardiac or Respiratory Distress Action Plan
  - a) AED’s (Automatic External Defibrillators) deployment and delegates trained
  - b) CPR trained school nurse (NJAC 6A:13.3)
  - c) Asthma Nebulizer trained nurses
  - d) Universal Precautions trained staff

#### B. IEHP’s/Chronic Care Management Plans:

1. Epinephrine Auto-Injector/ Anaphylaxis Action Plan  
If a food allergy is indicated a **food allergy action plan** should be provided by the primary physician and parent. This is filed in the health office after being shared with classroom staff. When it is a severe allergy, and an Epi-pen is ordered, the district Epi-pen policy is implemented. The individual food action plan is stored along with the Epi-pen in an un-locked location in the health office. An attempt will be made to recruit and train Epi-pen delegates. A list of assigned delegates is posted in the nurses office by the Epi-pens.
2. Asthma Action Plan  
Students with a medical diagnosis of Asthma should have an **Asthma Action Plan** filed in the health office after being shared with classroom staff. A nebulizer and inhalers are stored in a clearly marked location. The asthma action plan will also be available after sharing it with the classroom staff.
3. Diabetic Action Plan  
Individual health plans will be available for each **Diabetic student**. In addition, an emergency plan for hyper and hypo-glycemia will be available in the health office after being shared with classroom staff. Individual Diabetes care tasks such as glucose monitoring will take place where needed. Diabetic emergency supplies will be carried by student in their backpacks or in the nurses office. An attempt will be made to recruit and train Glucagon delegates.
4. Lock-Down Health Care Action Plan  
**Lock Down and Shelter-in-Place health care action plans** will be updated and modified each school year. Diabetic students carry emergency glucose tablets in case of a hypo-glycemic event.

### **C. District Crisis Management Plan:**

1. District Crisis Management Plan
2. In the event of an emergency each building will follow the buildings crisis management plan available in their confidential binders or orange flip charts.

### **D. Janet's Law**

1. There is a working Automated External Defibrillator (AED) in multiple locations throughout the school district. Each AED is identified and kept in an unlocked, wall mounted container. In the event of a sudden cardiac event, the District's Sudden Cardiac Experience Teams will be contacted and the procedures will be enacted.

### **E. Community Rescue Squad and Emergency Paramedic Services**

1. Emergency response services will be activated by calling 911. The police dept. for the corresponding town will be contacted. They will then arrange for EMS and Paramedics if necessary. In addition, the responding police will bring oxygen to the school when needed.

IV. Detailed Nursing Assignments Sufficient to Provide Health Services (N.J.A.C. 6A 16-2.1 (b) 2 (iv), N.J.A.C. 6A:16-2.1 (b)3, N.J.A.C. 6A:16-2.3)

		Schools →				
Grade levels		Euclid School	Lincoln School	Miiddel School	High School	District
Enrollment number as of Oct. 1 <sup>st</sup> .		439	437	435	555	
Number of students receiving:						
Special Services/ IEP's		47	38	41	59	
504's		11	25	7	16	
I&RS		13	15	20	28	
IHP's		25	63	25	14	
IEHP's						
Nursing Assignments- number of:						
NJAC 6A:9-13.3	Certified School Nurse- CSN	1	1	*	1	
	Registered Nurse- not CSN	0	0			.5
	Licensed Practice Nurse- LPN	1	1			
NJAC 6A:9-13.3 (b)	CPR Certified	25	25			
NJAC 6A:9-13.3 (b)	AED Certified	25	25			
NJAC	Asthma Nebulizer trained					
Unlicensed Assistive Personnel Assignments						
	Nursing Assistants	0	0	0	0	
	Health Aides	0	0	0	0	

\*there is one nurse for the MS and HS

**V. Nursing Services and Additional Medical Services provided to Non-Public Schools**

**A. Non-public nursing services (NJAC 6A 6A:16-2.3 (b) through (d))**

1. Non-public nursing services are not provided by the Hasbrouck Heights School District.

**Nursing Services Plan Review by:**

**Name:**

**Signature:**

**Name:**

**Signature:**

**Name:**

**Signature:**

**Title: District's Chief Administrator**

**Date:**

**Title:**

**Title:**

## AMENDMENT # 2 TO AGREEMENT

This **AMENDMENT** (the "*Amendment*") is entered into on this 6th day of November, 2014 (the "*Effective Date*"), by and between **INVO HEALTHCARE ASSOCIATES**, 1780 Kendarbren Drive, Jamison, PA 18929 (hereinafter referred to as "*IHC*") and **Hasbrouck Heights School District, 365 Boulevard, Hasbrouck Heights, NJ 07604** (hereinafter referred to as "*Agency*"). (collectively, the "*Parties*").

### RECITALS

**WHEREAS**, the Parties entered into an Agreement on July 1, 2014 outlining the therapy services provided by IHC (the "*Agreement*"); and

**NOW THEREFORE**, in consideration of the mutual covenants and agreements contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. Services:

Both parties agree that the scope of *IHC's* responsibility, as set forth in the AGREEMENT, is limited to contracting with service provider(s) who will provide on an "as needed" basis hours per week of the following services for the clients of the Agency located in the state of New Jersey:

- (a) Applied Behavior Analysis
- (b) Board Certified Behavior Analysis
- (c) Occupational Therapy
- (d) Physical Therapy
- (e) School Psychology

4. Fees:

(b) Since *IHC* incurs daily expenses, *IHC* will receive from the Agency a guaranteed income approved by the Agency of:

(b.1) seventy-nine (\$79.00) dollars per hour for every hour of contracted applied behavior analyst services.

(b.2) one hundred three (\$103.00) dollars per hour for every hour of contracted board certified behavior analyst services.

(b.3) eighty-three (\$83.00) dollars per hour for every hour of contracted occupational therapist services.



(b.4) eighty-three (\$83.00) dollars per hour for every hour of contracted physical therapist services.

(b.5) eighty-three (\$83.00) dollars per hour for every hour of contracted school psychologist services.

Miscellaneous:

If there are any conflicts between the terms of the Agreement and the terms of this Amendment, the terms of this Amendment shall control. All non-conflicting terms of the Agreement shall survive and continue in full force and effect.

**IN WITNESS WHEREOF**, the Parties hereto have executed this Amendment as of the Effective Date.

**Hasbrouck Heights School District**

By: \_\_\_\_\_

Title: \_\_\_\_\_

**Invo HealthCare Associates**

By: \_\_\_\_\_

Jason T. Ralph

Title: Chief Operating Officer

### INDEPENDENT CONTRACTOR AGREEMENT

THIS INDEPENDENT CONTRACTOR AGREEMENT is made as of November 13, 2014 ("hereinafter, "Agreement") by and between CCL Therapy, LLC, a New Jersey limited liability company having an address at 206 Deerlea Lane, Boonton, NJ 07005, Boonton, New Jersey 07751, [JenniferBetzOT@optonline.net](mailto:JenniferBetzOT@optonline.net) (hereinafter, "CCL THERAPY"), and the Hasbrouck Heights Board of Education, having an address at 379 Boulevard, Hasbrouck Heights, New Jersey 07075 (hereinafter, "HHBOE").

In consideration of the mutual terms and conditions hereinafter set forth, CCL THERAPY and HHBOE hereby agree as follows:

1. CCL THERAPY will provide HHBOE with Occupational and/or Physical Therapy Evaluations services and Occupational Therapy and/or Physical services on an "as needed" basis (individually and collectively, the "Services"). The Services will be provided under the supervision of Jennifer Wagner, a New Jersey State Licensed Occupational Therapist, and other New Jersey Licensed Occupational Therapists and New Jersey Licensed Physical Therapists, as applicable, under her direction and supervision. The Services will be in effect from **November 13, 2014 until the completion of the 2014-2015 School year**, unless terminated earlier in accordance with the terms of this Agreement.

2. According to this Agreement, CCL THERAPY shall provide specialized services under the terms and conditions specified herein: each Occupational Therapist and/or Physical Therapist will be using a New Jersey State License. Each Occupational and/or Physical Therapist will provide related services, therapies or child study team services as prescribed under state law (N.J.A.C.6:28) and federal law (P.L. 94-142, P.L. 99-457 and Section 504 of the Rehabilitation Act), in accordance with the recommendations, goals and objectives as specified in each students' Individual Education Plan(IEP). In addition, each Occupational and/or Physical Therapist may be required to provide evaluations, consultations, and screening services as part of his/her responsibilities.

3. CCL THERAPY agrees to fully adhere to the terms of this Agreement, for which it will be paid a fee in the following manner:

- Evaluations/Re-evaluations (including documentation) "As Needed": \$275.00 per evaluation/reevaluation
- Annual Reviews at a rate of \$95.00 "As Needed"
- IEP Meeting rate \$47.50 per half hour "As Needed"
- One hour treatment sessions at \$95.00 "As Needed"
- Thirty minute treatment sessions at \$47.50 "As Needed"
- Home Based sessions \$105 "As Needed"

CCL THERAPY shall be paid a fee on a bi-monthly basis upon submission of an invoice of services provided by CCL THERAPY to HHBOE. CCL THERAPY shall provide HHBOE with a time sheet and an itemized bill at the bi-monthly month, which will indicate all hours worked. HHBOE shall pay all CCL THERAPY invoices within fifteen (15) days of submission.

4. This Agreement may only be amended by mutual consent and upon signature of both parties. However, any consent, waiver, approval or authorization shall be effective if signed by the party granting or making such consent, waiver, approval or authorization.

5. In the event of any dispute between the parties concerning this Agreement, this Agreement shall be construed in accordance with the laws of the State of New Jersey and adjudicated in the courts located in the State of New Jersey, without regard to conflicts of law principles.

6. In the event of a breach or a threatened or intended breach of this Agreement by HHBOE, CCL THERAPY shall seek all available remedies at law or in equity, including, but not limited to, any expenses associated with such enforcement of the Agreement, such as court costs and attorney fees.

7. This Agreement may be executed in any number of original counterparts, all of which evidence only one agreement, and only one of which need be produced for any purpose.

8. Any notice, demand, consent, authorization or other communication (collectively a "Notice") which either party is required or may desire to give to or make upon the other party pursuant to this Agreement shall be effective and valid only if in writing, signed by the party giving such Notice, and delivered by express courier or delivery service or by registered or certified mail of the United States Postal Service, return receipt requested, addressed to the other party at the addresses set forth on the first page hereof (or to such other address or person as either party or person entitled to Notice may by Notice to the other specify). Unless otherwise specified, Notices shall be deemed given when received, but if delivery is not accepted, on the earlier of the date delivery is refused or the third day after the same is deposited with the United States Postal Service. Further, facsimile signatures, as well as PDF/scans/e-mails shall be deemed originals.

9. The invalidation or unenforceability in any particular circumstance of any of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.

**[REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK  
- SIGNATURE PAGE FOLLOWS]**

Acknowledged and Agreed:

Hasbrouck Heights Board of Education

CCL Therapy, LLC

By: \_\_\_\_\_  
(Signature)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

Jennifer Wagner, MSOTR/L  
Member

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

