

XXX PUBLIC SCHOOLS
Xxxx, Massachusetts

Office of Pupil Personnel Services

AGREEMENT FOR SUPPLEMENTAL OR INDEPENDENT EVALUATION

Date: **June xx, 2010**

Agency: **Xxxxxxx Hospital, Ambulatory Services**

Address: **1 Xxxx Street
Xxxxx, MA 00000-000**

Phone: **xxx-xxx-xxxx**

Contact: **Xxxx Xxxxxxx**

The agency noted above agrees to administer a **NEUROPSYCHOLOGICAL EVALUATION** to:

Xxxx Xxxx (DOB 00/00/00)

Student's School: **Xxxx High School**

SECTION 1: Independent Evaluation(s) to be completed (*please fill in costs*):

<u>TYPE OF EVALUATION</u>	<u>UNIT COST</u>
Neuropsychological Evaluation	\$000.00 *

* As per email agreement with D. B, 06/xx/xx

The Xxxxxx Public School Department will pay up to the rates established by the Massachusetts Center for Health Information and Analysis (CHIA).

SECTION 2: The following independent evaluations have been completed in the past:

<u>Evaluation</u>	<u>Agency</u>	<u>Date of Evaluation</u>
Psychological Consultation	Dr. Xxxx Xxxx, Xxxxx Care MH	May 00, 2013

SECTION 3: The Xxxxxx Public School Department has shared/will share the following school evaluations with Xxxxxxx Hospital:

<u>Evaluation</u>	<u>Evaluator</u>	<u>Date of Evaluation</u>
Psychological Assessment	Dr. Xxxx	03/00/20013
Speech/Language Evaluation	Xxxx	03/xx/2013
Educational Evaluation	Xxxx	02/xx/2013
Psychological Evaluation	Dr. Xxxx	11/xx/2011
Psychological Evaluation	Dr. Xxxx	12/xx/2009

This independent evaluation is to be confined to the area(s) designated in Section 1 of this agreement. Any assessments beyond those specified in this agreement will be presumed to be by separate arrangement between the parent(s) and the evaluator and will not be the responsibility of the Xxxxxx Public Schools.

The evaluation report must include:

1. A listing of all tests and subtests administered. Where only a portion of a test or of a test battery has been used, it is to be noted with an explanation and a statement of the effect this may have on the validity of scores obtained.
2. Individual scores for each battery and each subtest administered are to be reported in standard scores.
3. Any scores falling within the normal range, based on national norms, are to be noted. Special education recommendations may not be made for scores within the normal range.
4. For personality/emotional evaluations, a statement of DSM-V Diagnosis will be required.

... over ...

The Evaluator will also:

1. Take into account what is developmentally appropriate for the child.
2. Be confined to education issues only.
3. Recommend only generic types of services, leaving the determination of who will provide such services and where services are to be provided to the IEP Team as outlined in Federal and Massachusetts Special Education Regulations.

Payment for services will be contingent upon receipt of this signed agreement and full reports of all assessments performed. A copy of the assessment report must be submitted to Xxxxxx's Pupil Personnel Services Office at the same time it is forwarded to the parent(s). Failure to comply with this request may jeopardize Xxxxxx's obligation to provide payment.

Bills are to include the name of the student, date(s) of service, services rendered, unit cost, and total cost. Bills should be submitted to Xxxxxx's Office of Pupil Personnel Services, 1 Xxxx St., Xxxx, MA 00000.

By signing below, the independent evaluator is agreeing to the above conditions and is verifying that there is no relationship between the evaluator and any school/agency that could benefit from the evaluator's recommendations.

Signature, Authorized Agency Representative

Date

Print name and title of Agency Representative noted above: _____

Xxxx Xxxxx,
Director of Pupil Personnel Services
Xxxx Public Schools

Date

Upon receipt of this contract, completed and signed by the Authorized Agency Representative and approved by Xxxxxx's Director of Pupil Personnel Services, a copy of this agreement will be submitted to the independent evaluator.

Copy: Mr. & Mrs. Xxxxxx Xxxxxxx, Parents