#### DAY STUDENT EDUCATION AGREEMENT

Made this 1st day of July, 2017 by and between GLADE RUN LUTHERAN SERVICES/ST. STEPHENS LUTHERAN ACADEMY, a Pennsylvania not-for profit corporation, with its principal offices located at Box 70, Beaver Road, Zelienople, Butler County, Pennsylvania (hereinafter "Glade Run", "service provider" or "St. Stephens Lutheran Academy") and PLUM BOROUGH SCHOOL DISTRICT, a body corporate and politic in the Commonwealth of Pennsylvania, with its principal offices located 900 Elicker Road, Plum, PA 15239(hereinafter "School District" or "District").

#### WITNESSETH:

WHEREAS, Glade Run is certified by the Pennsylvania Department of Education and licensed as a private academic school to provide instruction to students with educational needs referred to it by the District; and

WHEREAS, the District is desirous of referring its students with educational needs to Glade Run; and

WHEREAS, Glade Run is desirous of providing educational services to the students referred to it by the District.

NOW THEREFORE, in consideration of the premises and the mutual covenants contained herein and intending to be legally bound hereby, the parties do agree as follows:

#### 1. PURPOSE – EDUCATIONAL INSTRUCTION

- A. Glade Run will provide special educational instruction to students referred to it by the District pursuant to an Individual Education Plan (IEP) developed jointly by Glade Run, the District, the student, and the student's family as required by federal and state law, including, but not limited to, the Pennsylvania State Board of Education's regulations on special education (commonly referred to as Chapter 14 and 342).
- B. Glade Run will provide the appropriate, agreed upon, educational instruction to students referred to it by the District and who meet the program's admission criteria.
- C. Prior to the acceptance of a student, the District shall complete Attachment A (Referral Confirmation). Those individuals with authorization to bind the District for student placement are limited to the Director of Special Education, the School Psychologist, the Principal, or the Superintendent.
- D. The District shall provide Glade Run with special education records (when applicable), completed referral form and immunization records. The District shall assist Glade Run in obtaining a family summary, social and educational summary, social security number, and pertinent medical information including current medications and allergies. The District shall provide confirmation as to the enrollment

- disposition of the child.
- E. It shall be the responsibility of Glade Run in conjunction with the District to facilitate the development of a current Individual Educational Plan (IEP) within thirty (30) school days after acceptance with input from the appropriate parties.
- F. Glade Run and the District, will, on an as needed basis, review the student's progress in implementing and achieving the educational goals heretofore established.
- G. Students entering a regular education program due to behavior or disciplinary action shall not require an IEP. However, any student with a 504 School Plan (Chapter 15: Protected Children) will have reviews following the same procedure cited in Paragraph 1F above. The District will notify Glade Run if a student has a current 504 School Plan.

#### 2. PURPOSE – TRANSITIONS PROGRAMMING

- A. Glade Run will provide an on-site Transitions Program for students ranging in age from 14 to 21 years. This Program will provide students with tools and experiences for a successful transition to postsecondary education, employment, and adult life.
- B. Glade Run will implement a transition plan for students referred to it by the District pursuant to an Individual Education Plan (IEP) developed jointly by Glade Run, the District, the student, and the student's family as required by federal and state law, including, but not limited to, the Pennsylvania State Board of Education's regulations on special education (commonly referred to as Chapter 14 and 342).
- C. These services are available in addition to the current Educational Instruction(Purpose 1 above) or as a stand-alone option(without educational instruction). Upon receipt of written authorization from the District, the services may be obtained through Glade Run. The charges for said services are identified on the attached fee schedule (Attachment B).
- D. Prior to the acceptance of a student, the District shall complete Attachment B(Referral Confirmation). Those individuals with authorization to bind the District for student placement are limited to the Director of Special Education, the School Psychologist, the Principal, or the Superintendent.
- E. Glade Run will provide the District with written notice of the services identified as necessary.

#### 3. TERM AND TERMINATION

A. The term of this agreement shall be the 2017-2018 school year, as indicated on the school calendar attached.

B. The obligation of Glade Run to provide Educational or Transitions Programming instruction to a specific student, IEP and non-IEP students, may be terminated by Glade Run and the district with thirty (30) days written notice, when possible, for change of placement from St. Stephens to another appropriate education or transitions programming placement. Relative to the child's educational or transitional needs, Glade Run will utilize its best efforts to communicate to the District the reasons for the termination of the instruction prior to the actual termination of services. Glade Run reserves the right to expel a student immediately, with consultation with the District, when circumstances warrant.

#### 4. PAYMENT – EDUCATIONAL INSTRUCTION

The District, in consideration of the services provided by Glade Run, shall compensate Glade Run pursuant to the fee schedule set forth in Attachment A.

- A. The District is obligated for the duration of the 2017-2018 school year based on the enrollment of the student at Glade Run.
- B. If a student is enrolled at Glade Run after the beginning of the school year, the billing for the first month(and first month only) of enrollment shall be prorated based on the number of available school days for that month for St. Stephen's Lutheran Academy. Subsequent months shall be billed as set forth in Attachment A.
- C. Once a student is accepted for placement by Glade Run, the District becomes responsible for that class seat ("slot") for the remainder of the school year, unless Glade Run is able to accept a reassignment. Each placement may be reassigned twice during the school year by the District. Upon each subsequent reassignment thereafter, the District may be assessed an administrative fee of \$275 by Glade Run.
- D. It is understood that should the student or family cause the student to be withdrawn from Glade Run for a reason beyond the control of the District, the District shall be billed for educational services until the end of the calendar month in which the child is withdrawn or the date written notification of such action is provided, whichever is earlier. Those reasons for withdrawal of a student, which are considered to be beyond the control of the District are limited to the following circumstances: the student moving from the District, if at an MDT meeting all parties are in agreement that it is in the best interest of the student to remove that child from Glade Run, or Glade Run terminates educational services to the student. Written notice of student movement from the district or the MDT outcome shall be provided to Glade Run.
- E. Glade Run shall provide a bill to the District for services rendered during a month by the tenth working day of the following month. The District shall issue payment to Glade Run by the last day of that month in which the bill was received. If the District fails to make a payment by the last day of the month, a service fee of 2.75 percent may be charged by Glade Run on the District's outstanding current balance.

F. The District shall receive a discount on the tuition rates set forth on Attachment A, if the District purchases and maintains ten (10) or more "slots" for the 2017-2018 school year. This discount **does not** apply to the Autism Education Program, Life Skills Program, Tertiary Education Program, ESY or Kindergarten. The discounted tuition rates are equal to a \$450 rebate off the full school year tuition rate per slot for the 2017-2018 school year. For example, the Regular Education Program discount would be \$23,210 per slot for the 2017-2018 school year. The District further understands that it must maintain ten (10) slots at all times to remain eligible for the discounted rates. Payment of these tuition rates will be made in accordance with paragraph 4 of this agreement.

#### 5. PAYMENT – TRANSITIONS PROGRAMMING

The District, in consideration of the services provided by Glade Run, shall compensate Glade Run pursuant to the fee schedule set forth in Attachment B.

- A. Once a student is enrolled, the District is obligated to pay for the student from the date of admission through the date of discharge regardless of attendance.
- B. For the first and the last months of enrollment the billing may be prorated based on the number of available school days for that month for St. Stephen's Lutheran Academy. All other months shall be billed for the total number of school days for said month based on St. Stephen's school calendar. A copy of the school calendar is attached.
- C. Glade Run shall provide a bill to the District for services rendered during a month by the tenth working day of the following month. The District shall issue payment to Glade Run by the last day of the month in which the bill was received. If the District fails to make a payment by the last day of the month, a service fee of 2.75 percent may be charged by Glade Run on the District's outstanding current balance.
- D. If a student is referred to the Transitions Program and is already receiving educational instruction from St. Stephen's, the District will be charged the Transitions Program fee in addition to the Educational Instruction fee. Any changes to these payment terms must be approved prior to the start of the Transitions Program.

#### 6. INTERVENTION AND DISCIPLINE PROCEDURES

A. The District hereby agrees that Glade Run may employ, with respect to the students which the District has referred to it pursuant to this Agreement, the same discipline procedures and parent/student grievance procedures normally employed by Glade Run in its capacity as a Private Academic School. Such policies and procedures may be modified from time to time by Glade Run; provided that Glade Run shall take no action which violates any student's right to Due Process under the Constitution of the United States, the Pennsylvania Public School Code of 1949, as amended, 22 Pa. Code § 14.35, and the rules and regulations adopted by the Pennsylvania Department

of Education.

- B. The District hereby agrees that Glade Run may employ, with respect to the students which the District has referred to it pursuant to this Agreement, the same physical intervention procedures to include crisis preventative measures such as a call for crisis assessment and parent/student grievance procedures normally employed by Glade Run. Such policies and procedures may be modified from time to time by Glade Run; provided that Glade Run shall take no action which violates any student's right to Due Process under the Constitution of the United States, the Pennsylvania Public School Code of 1949, as amended, and the rules and regulations adopted by the Pennsylvania Department of Education.
- C. The District hereby agrees to pursue truancy proceedings in the event a student receiving educational services under the provisions of this Agreement is absent on eight (8) or more occasions during the school year without a valid written excuse. Such proceedings shall be instituted by the District within ten (10) school days of receipt of written notification by the District from Glade Run staff of the student's eighth absence. Facsimile transmissions for such notice shall be accepted.

#### 7. TRANSPORTATION

The District shall be responsible for providing transportation for the students to and from Glade Run. The District is also responsible for any and all transportation costs that Glade Run must incur to fulfill the terms of the Agreement. The District is responsible for disciplining and/or responding to inappropriate behaviors of the students during transportation. Glade Run will work with the District to address inappropriate behaviors during transportation, of which it becomes aware.

#### 8. VISION, SPEECH AND HEARING SCREENINGS

Glade Run will provide speech, hearing and vision screenings to students in grades 1, 2, 3, 7 and 11 enrolled in St. Stephen's Lutheran Academy by an outside provider. Any ancillary services which are identified as necessary for the student as a result of such screenings, including but not limited to speech / language evaluations, hearing evaluations, and therapy sessions for speech, language and / or hearing, shall be the responsibility of the District. Upon receipt of written authorization from the District, the services may be obtained through Glade Run by an outside provider. The charges for said services are identified on the attached fee schedule (Attachment C). Glade Run shall provide the District with written notice of the services identified as necessary for the student as a result of the above-referenced screenings. Unless the District responds in writing within seven (7) school days of receipt that said services are not to be provided, the District shall be financially responsible for the provision of said services. Facsimile transmissions for such notice shall be accepted.

#### 9. DENTAL EXAMINATIONS

The District shall retain responsibility for all dental examinations pursuant to the Pennsylvania Public School Code.

#### 10. OCCUPATIONAL AND PHYSICAL THERAPY

Occupational and/or physical therapy evaluations will be completed with parental consent and upon referral. Therapy will be provided on site during school days as necessary. Services will be rendered by licensed and qualified occupational and physical therapy personnel. Upon receipt of written authorization from the District, the services may be obtained through Glade Run by an outside provider. The charges for said services are identified on the attached fee schedule(Attachment D). Glade Run shall provide the District with written notice of the services identified as necessary. Unless the District responds in writing within seven (7) school days of receipt that said services are not to be provided, the District shall be financially responsible for the provision of said services. Facsimile transmissions for such notice shall be accepted.

#### 11. RECORDS.

The District shall retain responsibility for maintaining the original student records subsequent to the student's discharge pursuant to the Pennsylvania Public School Code.

#### 12. INDEMNITY

The parties hereby agree to indemnify, defend, and hold harmless each other, their respective directors, officers, employees, agents, and affiliated corporations from any and all claims and losses, including attorney's fees, accruing or resulting to any person, firm, or corporation who claims injury or damages during the term of this Agreement which resulted from the acts or omissions of the party's employees or agents, any real property owned or leased by such party, or the operation or maintenance of any equipment or vehicle provided or used by such party, including costs and expenses in violation of proprietary rights, or right of privacy arising out of the publication, translation, reproduction, delivery, performance, use, or disposition of any data furnished under this Agreement, or based in any libelous or unlawful matter contained in such data.

#### 13. INSURANCE

Glade Run shall maintain and keep in force public liability, personal liability, property damage, and workmen's compensation insurance, insuring Glade Run and its agents and employees who may be acting pursuant to this Agreement against any and all claims which may arise out of its performance under the terms, conditions, and provisions of this Agreement.

#### 14. CONFIDENTIALITY

Glade Run and the District, their agents and employees, shall perform their respective obligations under this Agreement in such a manner as to insure that records, names, and identities of persons counseled, treated, or rehabilitated, shall remain confidential, except where disclosure is permitted by law. All information developed pursuant to the fulfillment of the terms of this Agreement as between Glade Run and the District and their respective agents and employees shall not be considered confidential.

#### 15. MODIFICATION

This document, and all attachments hereto, whether physically incorporated or incorporated by reference, contains all the terms, provisions, and conditions of this Agreement. No term or provision may be unilaterally modified or amended.

Any alteration, variation, modification, or waiver of a provision to this Agreement shall be valid only when reduced to writing, duly signed by the parties to this Agreement, and attached to the original of the Agreement.

#### 16. ASSIGNMENT

Neither party may assign any part of this Agreement without the prior written approval of the other party hereto.

#### 17. FEDERAL AND STATE LAW COMPLIANCE

Glade Run Lutheran Services acknowledges and agrees that it is obligated to comply with all applicable federal and state laws related to the provision of educational instruction, discipline and non-discrimination against students who are placed at Glade Run pursuant to this Agreement.

#### SIGNATURES TO FOLLOW

INTENDING TO BE LEGALLY BOUND HEREBY, witness the hands and seals of the parties, the day and year first written above.

| GLADE RUN LUTHERAN SERVICES        |      |
|------------------------------------|------|
| Charles Tocknool                   | 7    |
| Charles T. Lockwood, President/CEO | date |
| PLUM BOROUGH SCHOOL DISTRIC        | Т    |
| Superintendent of School District  | date |

### ATTACHMENT A ST. STEPHEN'S LUTHERAN ACADEMY - EDUCATION SERVICES REFERRAL CONFIRMATION

#### RRAL CONFIRMATION 2017-2018

| Name of Student:                                  | Social Security:  |
|---|---|
| School District of Residence:                     |   |
| Date:   |   |
|   | is requesting placement of the above-                                   |
| [Insert Name of School District]                  | e Run Lutheran Services/St.Stephens Academy ("Glade Run")               |
|   | nding acceptance by Glade Run.  |
| (Please note: billing is prorated or              |   |
| (check one)                                       | Regular Education Program(full school year) - \$23,660 per student      |
|   |   |
|   | gram (full school year) - \$25,480 per student                          |
|   | Program (full school year) - \$30,680 per student                       |
|   | ıll school year) - \$30,680 per student                                 |
| Autism Education Pro                              | gram (full school year) - \$39,000 per student                          |
| Tertiary Education Pr                             | ogram (full School year) - \$37,960 per student                         |
| ESY(Extended School                               | Year) - \$3,500   |
| Kindergarten(full scho                            | pol year) - \$27,300  |
| I confirm that I am authorized t indicated above. | o recommend the placement of the above referenced child for the service |
| Signature:  | Date:   |
| Name (Printed):                                   |   |
| Title (check box):                                |   |
| Director of Special Education                     | ☐ School Psychologist ☐ Principal ☐ Superintendent                      |
|   | by fax to Debra Vey at (724) 452-6576 and                               |
| 1 copy by   | y fax to Kelly Wheeler at (724) 452-0468                                |
| A copy of th                                      | is Referral Confirmation shall be valid as the original.                |

Authorized by Finance (Date):

Authorized by Contracts (Date:)

FOR EDUCATION DEPARTMENT USE ONLY:

Date of Admission:



# ATTACHMENT B GLADE RUN LUTHERAN SERVICES – TRANSITIONS PROGRAM REFERRAL CONFIRMATION 2017-2018

| Name of Student:                     |                                 |                     | Social Se               | curity:                                |                     |
|--------------------------------------|---------------------------------|---------------------|-------------------------|--|---------------------|
| School District of                   | Residence:                      |                     |                         |  |                     |
| Date:                                |                                 |                     |                         |  |                     |
|                                      |                                 | ia waa              | anting planes and a     | f the above weferen                    | - J - 4 J 4         |
| Insert Name of                       | School District                 | is requ             | resting pracement of    | f the above-referenc                   | ed student at       |
|                                      |                                 | ransitions Pro      | gram pending acce       | ptance by Glade Rui                    | 1.                  |
| (Please check & circl                | e days)                         |                     | ė                       |  |                     |
| Full                                 | Day Program                     | nming (whil         | e enrolled) - \$17      | 5 per student per                      | day                 |
| Days Enrolled:                       | Monday                          | Tuesday             | Wednesday               | Thursday                               | Friday              |
|                                      |                                 |                     |                         |  |                     |
| I confirm that I service indicated a |                                 | to recommen         | nd the placement        | of the above referen                   | ced student for the |
| Signature:                           |                                 |                     |                         | Date:                                  |                     |
| Name (Printed): _                    |                                 |                     |                         | ************************************** |                     |
| Title (check box):                   |                                 |                     |                         |  |                     |
| ☐ Director of Specia                 | al Education 🗆                  | LEA □ Tr            | ansition Coordinator    | □ Principal □ S                        | uperintendent       |
|                                      |                                 |                     |                         |  |                     |
|                                      | Return 1                        | copy by fax         | to Debra Vey at         | (724) 452-6576                         |                     |
|                                      | and 1                           | copy by fax         | to Tara Harvan          | at (724) 452-6576                      | 5                   |
|                                      |                                 |                     | onfirmation shall be va | lid as the original.                   |                     |
| FOR EDUCATION                        | DEPARTMEN                       | T USE ONLY:         | Authorized b            | y Finance (Date):                      |                     |
|                                      |                                 | L HE FALLER         | Authorized b            | y Contracts (Date:)                    |                     |
| Date of Admission:                   | CHESTO DE GLESTA DE LA COMPONIO | need to be a second |                         |  |                     |

#### ATTACHMENT C

#### CHARGES FOR ANCILLARY SERVICES

| Speech/Language Evaluation\$                 | 160.00/child* |
|--|---------------|
| Speech/Language Screening\$                  |               |
| Hearing Screening(pure tone and impedance)\$ | 60.00/child*  |
| Therapy Session(speech/language/hearing)\$   | 85.00/child*  |

Rate may be subject to change with 30 days prior, written notification by Glade Run

See Description of services below:

#### Speech, Language and Hearing Evaluations

Speech, Language and Hearing Evaluations are completed with parental consent upon referral or screening concerns. A diagnostic evaluation may include: an araticulation protocol, a language tool, and vocabulary measure either receptive or expressive modalities. Language sampling, if needed, is used. Formal tests are selected on case-by-case basis as indicated by need. A written report will be provided. A two week time frame may be necessary to complete the testing and supply the report. Speech, Language and hearing Evaluations are completed annually for the following grade levels: 1, 2, 3, 7 and 11. Additional services will be provided as necessary at the then applicable rates provided by the outside provider.

#### Instruction/Therapy

If identified as "in need" by standardized testing measures (at least a six month delay), an Individualized Education Plan will be formulated for each client and reviewed yearly. Goals will be established specific to each client's needs. A Speech Therapy Summary will be dome at each yearly review. Speech personnel can be available for conferences, but it will be difficult due to scheduling conflicts. A case-by-case review based upon need will govern attendance.

Therapy will be provided on site during school days from September through the close of the school calendar. Each session will last approximately 25-30 minutes in length either individually or in groups of ten, but not more than three if similar goals are shared. Therapy will proceed until all goals are met, child leaves, or participation level diminishes with no chance of change. When therapy involves high school or equivalent child clients, it is important that the individual desires to participate and change his/her patterns. If not, discontinuation of services will be necessary. Motivation becomes a key issue in commencing or continuing services.

Sessions are usually weekly. Carryover activities will be provided to foster further progress. Daily therapy logs will be used to record progress throughout the year.

Services will be provided by a certified licensed Speech Pathologist or an assistance who directly coordinates programs with the Speech Pathologist who are contracted by Glade Run. Credentials may be reviewed if requested. All speech personnel possess at least a Bachelor's degree in Speech Pathology.

#### ATTACHMENT D

#### CHARGES FOR PHYSICAL/OCCUPATIONAL SERVICES

| Session/Evaluation with Occupational Therapist | . \$90.00 / hour |
|--|------------------|
| Session with Occupational Therapy Assistant    | \$80.00 / hour   |
| Session/Evaluation with Physical Therapist     | \$90.00/ hour    |
| Session with Physical Therapy Assistant        |                  |

Physical and/or Occupational Therapy Evaluations are completed with parental consent upon referral. Educationally related goals will be formulated by the evaluating occupational therapist or physical therapist for inclusion in the child's IEP.

Therapy will be provided on site during school days as necessary. Services will be rendered by licensed and qualified occupational and physical therapy personnel. Credentials may be reviewed upon request.



### St. Stephen's Lutheran Academy SCHOOL CALENDAR

Zelienople - Sharon - Utica



In-Service Days 8/17-8/22 First Day for Students 8/23

|    | Nov  | emb | er- | 17 C | ays       |    |
|----|------|-----|-----|------|-----------|----|
| S  | M    | Т   | W   | T    | F         | S  |
|    |      |     | 1   | 2    | 3         | 4  |
| 5  | 6    | 7   | 8   | 9    | IS:       | 11 |
| 12 | 13   | 14  | 15  | 16   | 17        | 18 |
| 19 | 20   | 21  | 選H獎 | H    | EH:       | 25 |
| 26 | - Ha | 28  | 29  | 30   | 27144.631 |    |

n-Service Day 11/40 Thanksgiving Break 11/22-11/27

|    | Feb | ruar | у — | 18 Da | ays |    |
|----|-----|------|-----|-------|-----|----|
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|    |     |      |     | 1     | 2   | 3  |
| 4  | 5   | 6    | 7   | 8     | 9   | 10 |
| 11 | 12  | 13   | 14  | 15    | 16  | 17 |
| 18 | Н   | (S   | 21  | 22    | 23  | 24 |
| 25 | 26  | 27   | 28  |       |     |    |
|    |     |      |     |       |     |    |

Presidents Day 2/19 n-Service Day 2/20

|    |     | May  | - 22    | Day    | s  |    |
|----|-----|------|---------|--------|----|----|
| S  | M   | Т    | W       | Т      | F  | S  |
|    |     | 1    | 2       | 3      | 4  | 5  |
| 6  | 7   | 8    | 9       | 10     | 11 | 12 |
| 13 | 14  | 15   | 16      | 17     | 18 | 19 |
| 20 | 21  | 22   | 23      | 24     | 25 | 26 |
| 27 | E H | 29   | 30      | 31     |    |    |
|    | I   | Memo | rial Da | y 5/28 | 3  |    |

| S  | M  | T  | W  | Т  | F  | S  |
|----|----|----|----|----|----|----|
|    |    |    |    |    | 1  | 2  |
| 3  | H  | 5  | 6  | 7  | 8  | 9  |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 |    | 26 | 27 | 28 | 29 | 30 |

| S  | M           | T              | W               | T  | F  | S  |
|----|-------------|----------------|-----------------|--|----|----|
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| 10 | 11          | 12             | 13              | 14   | 15 | 16 |
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| 24 | 語<br>日<br>語 | H              | 经H墨             | H  | H  | 30 |
| 31 | 200         | 74-1045 104174 | 1 Marie Control | A CONTRACTOR OF THE PARTY OF TH |    |    |

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| 11 | 12  | 13 | 14 | 15  | 16 | 17 |
| 18 | 19  | 20 | 21 | 22  | 23 | 24 |
| 25 | 26* | 27 | IS | 经Ha | 是H | 3′ |

Spring Break 3/29 - 4/3

June - 3 Days S S M 2 9 3 5\* 4 10 11 12 14 15 16 17 18 19 20 21 22 23 26 27 28 29 30 24 25 Graduation 6/1 Last Day for Students 6/5

In Service Days 6/6-6/7

| S  | M            | T  | W  | Т  | F            | S  |
|----|--------------|----|----|----|--------------|----|
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| 8  | 逐 <b>H</b> 题 | 10 | 11 | 12 | 13           | 14 |
| 15 | 16           | 17 | 18 | 19 | 20           | 2  |
| 22 | 23           | 24 | 25 | 26 | 27*          | 28 |
| 29 | 30           | 31 |    |    | Dispersion 1 |    |



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| 8  | 9       | 10   | 11          | 12  | 13 | 14 |
| 15 | 16      | 17   | 18          | 19  | 20 | 21 |
| 22 | 23      | 24   | 25          | 26  | 27 | 28 |
| 29 | 30      |      |             |     |    |    |

|              | ot in Session:<br>In-Service Day |
|--------------|----------------------------------|
| Sept 4       | Jan 15                           |
| Sept 25      | Feb 19-20                        |
| Oct 9        | Mar 28-30                        |
| Nov 10       | Apr 2                            |
| Nov 22-27    | Apr 3 Snow Make Up               |
| Dec 22-Jan 2 | May 28                           |

\* Grading Period Ends: Oct 27 Jan 18 Mar 26 Jun 5

PSSA Testing Dates
Apr 9-13 (Gr 3-8) Eng/LA
Apr 16-20 (Gr 3-8) Math
Apr 23-27 (Gr 4,8) Science
May 1-4 Make-up

Keystone Testing May 14 - 25

## ATTACHMENT A ST. STEPHENS LUTHERAN ACADEMY SHARON - EDUCATION SERVICES REFERRAL CONFIRMATION 2017-2018

| Name of Student:                     | Social  | Security:  |
|--------------------------------------|---|--|
| School District of Res               | idence:   |  |
| Date:                                |   |  |
| 1000 (200) (100)                     | _   |  |
| Insert Name of School                |   | g placement of the above-                        |
| referenced studer                    | nt at Glade Run Lutheran Servic                                 | es/St. Stephens Academy North("Glade             |
|                                      | wing program pending acceptance prorated over a 9 month period) | e by Glade Run.                                  |
| (check one)                          | provided over a 5 month person)                                 |  |
| Enhanced                             | Education Program(full school year) - \$                        | 530,680 per student                              |
| I confirm that I am indicated above. | authorized to recommend the placemen                            | at of the above referenced child for the service |
| Signature:                           |   | Date:  |
| Name (Printed):                      |   |  |
| Title (check box):                   |   |  |
| ☐ Director of Special                | Education School Psychologist                                   | Principal Superintendent                         |
| Retu                                 | rn 1 copy by fax to Debra Ve                                    |  |
|                                      | 1 copy by fax to Lee Myford                                     | d at (814) 638-0146                              |
|                                      | A copy of this Referral Confirmation sha                        | all be valid as the original.                    |
| FOR EDUCATION                        | DEPARTMENT USE ONLY:  | Authorized by Finance (Date):                    |
|                                      |   | Authorized by Contracts (Date:)                  |
| Date of Admission:                   |   |  |

## ATTACHMENT A ST. STEPHENS LUTHERAN ACADEMY UTICA - EDUCATION SERVICES REFERRAL CONFIRMATION 2017-2018

| Name of Student:  | Social Security:   | _          |
|---|--|------------|
|   |  |            |
| School District of Residence:                               |  | _          |
|   |  | _          |
| Date:   |  |            |
|   |  |            |
| II of News of Calcal District                               | is requesting placement of the above-                          |            |
| [Insert Name of School District] referenced student at Glad | de Run Lutheran Services/St. Stephens Academy UTICA            | ("Glade    |
|   | gram pending acceptance by Glade Run.                          |            |
| (Please note: billing is prorated of                        |  |            |
| (check one)   |  |            |
| Euleural Education  | Duagnon (full school year) 520,690 per student                 |            |
| Ennanced Education  | n Program(full school year) - \$30,680 per student             |            |
|   | (0.1)  |            |
| Autism Education Pr   | rogram(full school year) - \$39,000 per student                |            |
|   |  |            |
| I confirm that I am authorized                              | to recommend the placement of the above referenced child for t | he service |
| indicated above.  |  |            |
| Signature:  | Date:  | -          |
| Name (Printed):   |  |            |
| Name (Frinted).   |  |            |
| Title (check box):  |  |            |
| ☐ Director of Special Education                             | ☐ School Psychologist ☐ Principal ☐ Superintendent             | t          |
| D / 1   | 1 C / D I V / (724) 452 (551 J                                 |            |
|   | by by fax to Debra Vey at (724) 452-6576 and                   |            |
| 1 copy  | by fax to Lee Myford at (814) 638-0146                         |            |
| A copy of t   | this Referral Confirmation shall be valid as the original.     |            |
|   | <u> </u>   |            |
| FOR EDUCATION DEPART  | TMENT USE ONLY: Authorized by Finance (Date):                  |            |
| FOR EDUCATION DEPART  | Authorized by Phance (Date).                                   |            |
|   | Authorized by Contracts (Date:)                                |            |
| Date of Admission:  |  |            |
| <b>是国际企业的企业的企业的企业的企业</b>                                    | 在公共运行后进行的 经国际经济 医神经神经 医神经神经 医神经神经神经神经神经神经神经神经神经神经神经神经神经        |            |