

CONTRACT AGREEMENT

SPEECH PATHOLOGY SERVICES

The Galion City School District, hereinafter referred to as **AGENCY**, requiring the services of a speech therapist, agrees to contract for the services of personnel from Debra B. Romas, M.A. and Associates, Inc., Post Office Box 534, Mount Vernon, Ohio 43050, hereinafter known as **CONTRACTOR**, under the following guidelines:

The location of hours served is to be at the Step-by-Step Program at Cardington Lincoln Middle School and it is understood that the services will be provided for 2017-18 school year on a 'per visit' per child basis per student. Unscheduled cancellation of school on days services were to be provided would be paid at the same rate for late starts and snow days.

The **CONTRACTOR** agrees to provide services using fully qualified personnel that have Ohio license in Speech Pathology and/or Ohio Department of Education license. Speech therapy services, additional consultation services for meetings and organizational services are available at the rate of \$62.00 per visit per child.

Payment shall be made on a monthly basis within thirty days of the end of the previous month services. Invoices not paid within thirty days will incur a 1.5% penalty monthly.

Either party may discontinue services with a 30 day notice of intention in writing to the above addresses.

CONTRACTOR

Date

AGENCY

Date