

GLASSBORO SCHOOL DISTRICT

Monthly Board Items

Date Submitted: 3/9/21

Proposed Effective Date: asap

Short description (title): Educational Associates

Submitted by:
Nanci Moore

Building:

all

Proposed cost/amount:
\$500 per eval

ESY:

Funded through:

District funds

Grade(s) impacted if any:

Board Action Requested:

Approve Educational Associates to provide Bilingual Child Study Team Evaluations for district students as needed for \$500 per psychological and educational assessments.

Details and ramifications:

Positives:

Provide evaluations as needed according to the district's needs for bilingual evaluations.

Concerns:

Other Comments:

Educational Associates can perform bilingual evaluations for CST evaluations for students who do not have English as their first language.

FOR OFFICE USE ONLY:

Board Date: _____

Approved: Y or N

Index #: _____



Educational Specialized Associates LLC

Shaping the Future of Child Study Team Services

Bilingual Assessments No additional cost

Client Name: _____ D.O.B: _____ Age: _____ Grade: _____

School: _____

Case Manager: _____ Phone # _____ Email: _____

Parent/ Guardian Name: _____ Email: _____

Address: _____

Phone No.: _____ / _____

Service(s) required (check all that applies: ☐ Bilingual Assessments Request Date: _____ Report Due Date: _____

Bilingual (Language) of the Evaluation _____ ☐ Parent Report Summary Bilingual \$100 fee

- | | | | |
|---|--------------------------|-------|-------|
| <input type="radio"/> Educational Evaluation | \$ 500.00 | _____ | _____ |
| <input type="radio"/> IEP Development–Writing | \$ 250.00 per student | _____ | _____ |
| <input type="radio"/> Eligibility Report Development | \$ 100.00 per student | _____ | _____ |
| <input type="radio"/> Revision of IEP | \$ 150.00 per student | _____ | _____ |
| <input type="radio"/> 504 Planning Development | \$ 150.00 per student | _____ | _____ |
| <input type="radio"/> Child Study Team Meetings | \$ 100.00 per discipline | _____ | _____ |
| <input type="radio"/> Psychological Evaluation | \$ 500.00 | _____ | _____ |
| <input type="radio"/> Telepsychiatry Evaluation | \$ 650.00 | _____ | _____ |
| <input type="radio"/> Psychiatric Evaluation | \$ 800.00 | _____ | _____ |
| <input type="radio"/> Neurological Evaluation | \$ 800.00 | _____ | _____ |
| <input type="radio"/> Neuro Developmental Evaluation | \$ 800.00 | _____ | _____ |
| <input type="radio"/> Social Assessment | \$ 375.00 | _____ | _____ |
| <input type="radio"/> Speech & Language Assessment | \$ 500.00 | _____ | _____ |
| <input type="radio"/> Speech Therapy/Teletherapy | \$ 125.00 per hour | _____ | _____ |
| <input type="radio"/> Occupational Therapy Evaluation | \$ 500.00 | _____ | _____ |
| <input type="radio"/> Physical Therapy Evaluation | \$ 500.00 | _____ | _____ |
| <input type="radio"/> Physical & Occupational Therapy | \$ 125.00 per hour | _____ | _____ |
| <input type="radio"/> Counseling Teletherapy | \$ 125.00 per hour | _____ | _____ |
| <input type="radio"/> Home Instruction Tutoring | \$ 75.00 per hour | _____ | _____ |
| <input type="radio"/> Wilson Reading Program | \$ 125.00 per hour | _____ | _____ |
| <input type="radio"/> English Language Learner Tutoring | \$ 75.00 per hour | _____ | _____ |
| <input type="radio"/> FBA-Functional Behavior Assessment | \$ 700.00 | _____ | _____ |
| <input type="radio"/> Behavior Intervention Plans | \$ 400.00 | _____ | _____ |
| <input type="radio"/> Flowchart and management | \$ 100.00 per student | _____ | _____ |
| <input type="radio"/> Compliance Filing Auditing | \$ 180.00 per hour | _____ | _____ |
| <input type="radio"/> Professional Development Workshops (price upon request) | | _____ | _____ |

Requestor Name _____ Signature _____ Date _____

27 West Street | Bloomfield | NJ | 07003 | Phone: 973.226.5224 Fax: 973.226.1042

www.educationalspecializedassociates.com

eduassociates@verizon.net

04/14/10

Taxpayer Identification# **264-151-386/000**

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-9292.

I wish you continued success in your business endeavors.

Sincerely,



James J. Fruscione
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE		DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 252 TRENTON, N J 08646-0252
TAXPAYER NAME: EDUCATIONAL SPECIALIZED	TRADE NAME: EDUCATIONAL SPECIALIZED ASSOCIATES	
ADDRESS: 11 GROVE ST CALDWELL NJ 07006	SEQUENCE NUMBER: 1556007	
EFFECTIVE DATE: 04/14/10	ISSUANCE DATE: 04/14/10	
FORM-BRC (04-08), D205846V		 Director New Jersey Division of Revenue
This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address		