

# GLASSBORO SCHOOL DISTRICT

## Monthly Board Items

**Date Submitted:** 1/10/2024

**Proposed Effective Date:** 1/1/2024

**Short description (title):** DCPD Tuition

**Submitted by:** Michelle Edelstein

**Building:**

**Proposed cost/amount:**  
See attached

**ESY:**

**Funded through:**

**Grade(s) impacted if any:**

**Board Action Requested:** Recommend Board Approval to contract with Leonard Educational Evaluations to provide Psychological and Neuropsychological evaluations for Glassboro students as needed. Cost is \$1500/evaluation.

**Details and ramifications:**

**Positives:**

**Concerns:**

**Other Comments:**

FOR OFFICE USE ONLY:

Board Date: \_\_\_\_\_

Approved: Y or N

Index #: \_\_\_\_\_



LEONARD EDUCATIONAL  
EVALUATIONS

*Providing Psychological, Educational, and Independent Educational Evaluations  
for Children, College Students, Adults, and School Districts  
Phone: 267-702-6328*

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**DESCRIPTION OF SERVICES**

- PROVIDE SCHOOL PSYCHOLOGICAL EVALUATION WITH NEUROPSYCHOLOGICAL TESTING
  - REVIEW OF RECORDS
  - COGNITIVE EVALUATION
  - SOCIAL-EMOTIONAL-BEHAVIORAL ASSESSMENT
  - EXECUTIVE FUNCTIONING ASSESSMENT
  - TESTING OBSERVATIONS
  - PARENT INPUT
  - STUDENT INPUT
  - SCHOOL STAFF INPUT

**COST OF REQUESTED SERVICES**

- \$1,500.00 IS THE TOTAL COST OF SERVICES. THESE SERVICES SHALL BE PAID TO LEONARD EDUCATIONAL EVALUATIONS, LLC., NO MORE THAN 30 DAY(S) UPON RECEIVING THE REPORT(S).

**CONDITIONS**

- THIS AGREEMENT IS THE ONLY AND COMPLETE CONTRACT BETWEEN THESE TWO PARTIES. BY SIGNING THIS AGREEMENT, THE SCHOOL DISTRICT GIVES LEONARD EDUCATIONAL EVALUATIONS, LLC., AND ITS' EXAMINERS, PERMISSION TO CONDUCT THE SERVICES LISTED ABOVE AND AGREES TO PAY THE TOTAL COST OF SERVICES WITHIN 30 DAYS OF RECEIVING THE REPORT(S). THERE IS NO GUARANTEE OF SPECIFIC RESULTS FROM THE EVALUATION(S) AND RESULTS VARY. THIS AGREEMENT WILL EXPIRE ON **12/15/2023** IF IT IS NOT SIGNED BY AN AUTHORIZED SCHOOL DISTRICT REPRESENTATIVE AND IF NO PURCHASE ORDER IS PROVIDED.

\_\_\_\_\_  
Authorized School District Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized School District Representative's Printed Name & Title

Contact Person for Case: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

**Please send this contract signed and purchase order to:**

**Leonard Educational Evaluations  
Email: [Info@LeonardEvaluation.com](mailto:Info@LeonardEvaluation.com) / Phone: 267-702-6328**