

Glassboro Public Schools



MEMO

To: Dr. Mark Silverstein, Superintendent of Schools

From: Danielle M. Sochor, Chief Academic Officer

Date: July 11, 2016

Re: Action Memo
July 27, 2016 Board Meeting

Recommend Board approval to contract with The Neurobehavioral Wellness Center to conduct Neuropsychological Evaluations if needed for the remainder of the 2016 summer school year and for the 2016-2017 school year at the rate of \$2000.00-\$2400.00 per evaluation. Neurobehavioral Wellness Center specializes in the diagnosis of neuropsychological conditions affecting individual's behavior and daily functioning at home and school environment.

The Neurobehavioral Wellness Center

1630 Route 322 · Suite C · Woolwich Township, NJ 08085

Office (856) 975-6279, Fax (856) 975-6281

www.neurobehavioralwellnesscenter.com

dr.kathrynarcari@gmail.com

Kathryn Arcari, Psy.D.

Fee Schedule for NWC Services

Neuropsychological Evaluation: \$2000-2400, TBD based on the referral question

Psychotherapy: \$125 a session

Wilson Tutoring: \$65 a session

Social Skills Group Therapy: \$500 one hour session for 6 weeks

Kathryn Arcari, Psy.D.

1630 Route 322, Suite C, Woolwich Township, NJ 08085
Cell-856 371 4821 Office- 856 975 6279 Fax-856 975 6281

Dr.kathrynarcari@gmail.com

www.neurobehavioralwellnesscenter.com

Education

- Sept 00-May 05 Widener University
Institute of Graduate Clinical Psychology
Doctorate in Clinical Psychology
Concentration: Neuropsychology
Certification: School Psychology
- Sept 00-Aug 03 Widener University
Institute of Graduate Clinical Psychology
Master's of Arts in Clinical Psychology
- Sept 98-May 00 Fairleigh Dickinson University
Master's of Arts in Clinical Psychology
- Sept 96-Dec 97 Widener University
Bachelor's of Arts Degree
Major: Psychology
- Sept 94-May 96 Seton Hall University
Pre-Medicine

Professional License and Certifications

State of Delaware Licensed Psychologist-B1-0000759
New Jersey State Licensed Psychologist-#35S100451500
Pennsylvania Licensed Psychologist-#B1-0000759
New Jersey School Psychology Certification
Pennsylvania School Psychology Certification

Academic Honors

Dean's list -Fairleigh Dickinson University
Psi Chi
Pi Gamma Mu
Alpha Chi (National College Honor Scholarship Society)

Post Doctoral Fellowship

- Dec 06-Sept 07 State of Delaware
The Department of Services for Children, Youth, and Their Families
Division of Child Mental Health-Intake and Assessment Unit
Delaware Licensed Psychologist #B1-0000759
-Conduct neuropsychological evaluations for pediatric population
-Consult with various agencies, including detention centers, schools, and child welfare services

Aug 05-July 06

Bancroft NeuroHealth

- Evaluation and treatment planning of pediatric population in a neurobehavioral stabilization unit
- Neuropsychological assessment of people across the life span who have sustained a traumatic brain injury for outpatient services
- Responsible for psychological services for adult brain injury population in a day treatment program including neuropsychological assessment, suicide assessment, cognitive therapy, and psychotherapy
- Collaboration with several professionals on research projects

Internships and Practicum

Private Practice of Drs. Bruce Caplan, Judy Shechter, and Marilyn Bergman

- Conduct neuropsychological assessments with a wide range population including pediatrics, adults, and geriatrics and with varying physical, cognitive, and psychological issues
- Assist in editorial duties for two professional journals, *Rehabilitation Psychology* and *The Journal of Head Trauma Rehabilitation* under the supervision of editor, Dr. Bruce Caplan

Widener University's Enable Program

- Performed neuropsychological assessments on students suspected of having a learning disability. Provided feedback sessions upon completion of evaluation
- Conducted academic coaching sessions with students who were diagnosed with a learning disability, responsible for approximately ten cases

Chester Upland School District

- Interning as a school psychologist
- Conducted psychoeducational assessments, including recommendations to the school and feedback for parents.
- Responsible for weekly individual therapy cases with adolescents and weekly group therapy with adolescents in a life skills classroom.

Crozer Adult Inpatient Psychiatric Unit and Crisis Center

- Part of multidisciplinary team treating individuals with mental illness and substance abuse. Conducted weekly group therapy sessions with a substance abuse population.
- Responsible for intakes in crisis center of individuals in a psychiatric emergency. Part of multidisciplinary team that assessed individual's status and treatment options.

Northwestern Human Services of Philadelphia

- Worked on the mobile assessment team administering psychological testing protocols, writing psychological evaluations and making recommendations pertaining to referral questions.
- Prepared and conducted in-service training sessions for residential staff.

Island Dolphin Care Key Largo, FL

-Interned at Dolphin Assisted Therapy facility working with a wide range of neurologically impaired and emotionally disabled children.

Nutley Family Service Bureau

-Conducted individual and group psychotherapy sessions with children, adolescents, and adults under the supervision of a Licensed Clinical Social Worker.

Professional Experience

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|------------------|---|
| May 2012-Present | <p>The Neurobehavioral Wellness Center, LLC</p> <ul style="list-style-type: none">-Sole proprietor-Outpatient neuropsychological evaluation (pediatric through geriatric)-Consult with various agencies, schools, etc. to assist in appropriate treatment planning for patients.-Psychotherapeutic intervention when needed-The center also offers therapy groups and camps for specialized populations |
| July 10-May 2012 | <p>The Neurobehavioral Assessment Center, LLC</p> <ul style="list-style-type: none">-Member/partner of LLC-Outpatient neuropsychological evaluation (pediatric through geriatric)-Consult with various agencies, schools, etc. to assist in appropriate treatment planning for patients.-Psychotherapeutic intervention when needed |
| Sept 07-July 10 | <p>Neurobehavioral Unit, Riddle Memorial Hospital</p> <ul style="list-style-type: none">-Outpatient neuropsychological evaluations (pediatric through geriatric)-Inpatient bedside neuropsychological evaluations and follow up-Neuropsychological evaluations conducted in continuing care communities to assist in determining placement issues and creating treatment plans. |
| Nov 06-July 10 | <p>Pennsville Counseling Associates</p> <p>New Jersey Supervised Temporary Permit #053-607</p> <ul style="list-style-type: none">-Conduct neuropsychological evaluations across the lifespan-Conduct psychological evaluations for patients being considered for bariatric surgery-Conduct psychotherapy with children, adolescents, and adults |
| Dec 06-Sept 07 | <p>State of Delaware</p> <p>The Department of Services for Children, Youth, and Their Families</p> <p>Division of Child Mental Health-Intake and Assessment Unit</p> <p>Delaware Licensed Psychologist #B1-0000759</p> <ul style="list-style-type: none">-Conduct neuropsychological evaluations for pediatric population-Consult with various agencies, including detention centers, schools, and child welfare services |
| Nov 00-June 04 | <p>Elwyn Institute Incorporated Wrap Around Program</p> <p>Behavioral Specialist Consultant</p> |

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. MARY K ARCARI	
	2 Business name/disregarded entity name, if different from above NEURO BEHAVIORAL WELLNESS CENTER LLC	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) P Note. For a single-member LLC that is disregarded, do not check LLC, check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 1630 ROUTE 322 SUITE C	
	6 City, state, and ZIP code WOOLWICH TOWNSHIP, NJ 08851	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
139-66-3757	
or	
Employer identification number	
45-4840599	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ Mary K Arcari	Date ▶ 10/1/15
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Business Address
now: 1630 Rt. 322
Suite C
Woolwich Twp.
NJ 08085

4-(856) 975
6279
fax (856) 975
6281

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE		DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 252 TRENTON, NJ 08646-0252
TAXPAYER NAME: THE NEUROBEHAVIORAL WELLNESS CENTER, L.L.C.	TRADE NAME:	
ADDRESS: 33 MELISSA LANE PILES GROVE, NJ 08098-2706	SEQUENCE NUMBER: 1704521	
EFFECTIVE DATE: 03/26/12	ISSUANCE DATE: 03/26/12	
FORM-BRC (04-08) B205848v		Director New Jersey Division of Revenue
This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.		