



A to Z Speech Therapy/Multicultural Academy 2024-2025 Contract

A to Z Speech Therapy and the **Multicultural Academy** hereafter referred to as The School/The District, mutually agree as follows:

1. A licensed speech-language pathologist employed by A to Z Speech Therapy, will provide speech-language services to the school beginning the week of September 3, 2024 and continuing until the close of the 2025 school year, on or about June 13, 2025, for a total of 9 months, 27 days. Services will be provided as follows:
 - Speech-language services at a minimum of 5 hours/month.
 - In-Person Evaluations
 - In-Person Sessions 1x per month
 - Remote Therapy Sessions for remainder of the month

2. Speech-language services will be provided for children identified by The School/District as needing speech-language assessment and/or treatment.

3. Speech-language services may include, but not be limited to:
 - Screening of speech-language and dysphagia disorders.
 - Diagnosis of speech-language and dysphagia disorders.
 - Treatment of speech-language and dysphagia disorders.
 - Preparation of materials necessary for such treatment.
 - Record keeping and documentation.
 - Report writing.
 - Writing speech-language IEP goals and objectives.
 - Consultation with school officials and families.
 - Attendance at IEP and other meetings as necessary.
 - Supervision of speech-language assistants.

4. The School/District will provide an appropriate treatment space, materials, supplies, and support services.

5. Compensation for the speech-language services will be at the rate of 100 dollars (\$100.00) per hour and a \$15 travel fee for in-person services.



SPEECH THERAPY

6. A to Z Speech Therapy will submit an itemized invoice for services provided and expenses incurred on a monthly basis. Invoices should be sent or emailed to the special education director for review and approval. Payment is to be made within 15 calendar days of invoice receipt.
7. If services vary from the contracted number of hours in paragraph one above, due to illness, professional meetings, inclement weather, or school closing appropriate adjustment will be reflected in the final month's billing. However, A to Z Speech Therapy will be paid for any scheduled workday if there is a no-show.
8. All payments will be made directly to A to Z Speech Therapy.
9. The provider of speech-language services will be covered by professional liability insurance.

A handwritten signature in black ink, appearing to be 'Tom' followed by a stylized last name.

Authorized Signature for the School/District

8-19-24

Date

Alexis Ellis

Alexis Ellis M.A., CCC-SLP
A to Z Speech Therapy

Date

MEMORANDUM OF INSURANCE				Date Issued 08/12/2024	
Producer AMBA P.O. Box 14554 Des Moines, IA 50306		This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.			
Insured A To Z Speech Therapy 4342 Highcrest Drive Brighton, MI 48116		Company Affording Coverage Liberty Insurance Underwriters Inc.			
This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims. The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.					
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability SpeechLangH Fm Speech Language Pathologist	AHY-1125962102	08/01/2024	01/31/2025	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000
Memorandum Holder is added as an Additional Insured but only as respects to claims arising out of the sole negligence of the named insured subject to the terms and provisions of the policy.					
Memorandum Holder: Multicultural Academy Universal Mgmt Co 5550 Platt Road Ann Arbor MI 48108		Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.			
		Authorized Representative Stephen Miller			
					