

CONSULTATION SERVICES AGREEMENT  
between

SEQUIM SCHOOL DISTRICT  
ATTN: SHELLEY LANGSTON  
503 NORTH SEQUIM AVENUE  
SEQUIM, WA 98382  
(hereinafter referred to as the DISTRICT)

and

WASHINGTON STATE CENTER FOR CHILDHOOD DEAFNESS AND HEARING LOSS  
ATTN: LORANA MYERS  
611 GRAND BOULEVARD  
VANCOUVER, WA 98661-4918  
(hereinafter referred to as the CENTER)

In consideration of the promises and conditions contained herein, the District and the Center do mutually agree as follows:

#### **SCOPE**

The purpose of this agreement is to provide **an evaluation and a follow up consultation** for District students, **Skyler Baker**, in the areas of: Educational Consultative services in compliance with WAC 392-172A but not limited to 392-172-03040.

#### **STATEMENT OF WORK**

The Center will be responsible for providing consultation services that best meet the student's and the team's needs – some of the services include conducting cognitive academic assessment; social communication skills assessment; functional listening skill assessment and development (auditory memory, ability to follow multi-step directions); speech and/or language assessment, providing support for the student's communication (communication repair and advocacy); technology troubleshooting (amplification, FM/sound field technologies for student).

Reports will be completed off site and submitted to the District within fifteen business days of concluding the services. At the District's request, additional information related to the specific services or the report that can be provided via telephone, video phone or email will be provided at no additional cost; however, if the District requests the consultant to participate in a follow up meeting(s) at the District the daily rate of \$630.00 may apply.

#### **PERIOD OF PERFORMANCE**

Subject to other contract provisions, the period of performance under this contract will be upon signature through June 30<sup>th</sup>, 2017.

#### **COMPENSATION/PAYMENT**

The District shall pay seven hundred fifty dollars (\$750.00) per evaluation and six hundred thirty dollars (\$630.00) per follow up consultation visit with a total amount not to exceed **one thousand three hundred eighty dollars (\$1,380.00)** for the performance of all things necessary for or incidental to the performance of work as set forth in the Statement of Work.

**PAYMENT PROCEDURES**

The District will pay the Center actual expenditures upon receipt of properly completed invoices, which shall be submitted to the District not more than monthly.

**ASSURANCES**

The Center and the District agree that all activity pursuant to this contract will be in accordance with all the applicable current federal, state and local laws, rules, and regulations.

**ORDER OF PRECEDENCE**

Each of the exhibits listed below is by this reference hereby incorporated into this contract. In the event of an inconsistency in this contract, the inconsistency shall be resolved by giving precedence in the following order:

1. Applicable federal and state of Washington statutes and regulations.
2. Special Terms and Conditions as contained in this basic contract instrument.
3. Exhibit A – General Terms and Conditions

**ENTIRE AGREEMENT**

This contract, including referenced exhibits, represents all the terms and conditions agreed upon by the parties. No other understandings or representations oral or otherwise, regarding the subject matter of this contract shall be deemed to exist or to bind any of the parties hereto.

**CONFORMANCE**

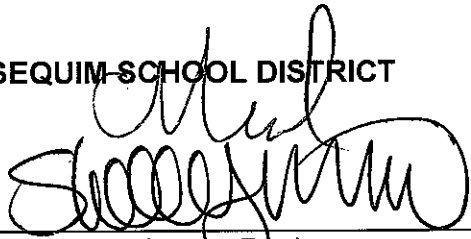
If any provision of this contract violates any statute or rule of law of the state of Washington, it is considered modified to conform to that statute or rule of law.

**APPROVAL**

This contract shall be subject to the written approval of the CENTER'S authorized representative and shall not be binding until so approved. The contract may be altered, amended or waived only by a written amendment executed by both parties.

THIS CONTRACT, consisting of TWO pages and ONE attachment, is executed by the persons signing below who warrant that they have the authority to execute the contract.

**SEQUIM SCHOOL DISTRICT**



\_\_\_\_\_  
Superintendent or Designee

**CENTER FOR CHILDHOOD  
DEAFNESS AND HEARING LOSS**

\_\_\_\_\_  
Director or Designee

01/19/17

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date