

(Policy 5026.03)

Moscow School District 281

Outside Service Provider Agreement

Request for Private Service Provider at a Moscow School District Facility

School Year _____

Private Service Provider Agency: _____

Address: _____

Phone Number: _____ Supervisor: _____

Student’s treatment plan must be attached when applicable.

Student: _____ School: _____

Name of Service Provider: _____

Services to be provided: _____

When services will be provided:

Days: _____ Time: _____

Location: _____ Duration: _____

Date services will be reviewed: _____

Private Services Provider Responsibilities:

- Sign in and out of the school office each visit.
- Wear and ID badge if requested to do so by the building administrator.
- Adhere to set schedule—arrive and leave on time.
- Notify building administrator if you will be absent (one day notice if possible).
- Must pick up student from and return him/her to an appropriate school staff member each visit.
- Remain in assigned location.
- Become familiar with school emergency procedures of the school.

(over)

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Comments relating to materials, equipment, space, etc.: _____

Parent/Guardian Authorization for Services: My signature also indicates that I understand that these services are supplemental to the school district services and this agreement may be terminated at any time by the school district. (Parent must also sign District’s form, *Authorization for Exchange of Confidential Information*.)

Parent/Guardian Signature Date

Private Agency Supervisor:

Signature Date

NOTE: Signature verifies that a criminal history check comparable to those done by the school district has been completed for these providers and that it revealed no convictions that would jeopardize the health or safety of children or adults.

Agency Service Provider(s):

Signature Date

Signature Date

School Principal Approval:

Signature Date

Director of Special Services Approval:

Signature Date