

**Alvord Unified School District  
LEA Medi-Cal Billing Funds Request Form**  
[CLICK HERE] for Funding Guidelines

**Name of Requestor:** Dianne Cheney **Date:** 10/11/2022

**Department/Service Area:** Student Services

**Site:** Health Services

<b>VENDOR NAME AND ADDRESS</b>	American Red Cross American Red Cross Training Services 25688 Network Place Chicago, IL. 60673
<b>PHONE # OF VENDOR</b>	800-733-2767

<b>FUNDING GUIDELINES:</b>	<b>DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</b>	<b>QTY (each, hourly, etc)</b>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
#1 & #5	First Aid/CPR/AED Instructor Course	1.00	325.00	325.00
#1 & #5	First Aid/CPR/AED Instructor Kit+ Skill Boost			
	Training Supplies	1.00	258.00	258.00
			Subtotal	583.00
		<b>Tax</b>	<b>8.75%</b>	51.01
			Shipping	9.72
	<b>TOTAL</b>			643.73

**Are other local/site funding resources available? If yes, please describe:** No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

Alvord Nurse will be trained as an instructor in First Aid/CPR/AED so she can teach CPR classes to staff members, enhancing safety and welfare of the students, staff and community. This course will train instructor candidates to teach basic-level American Red Cross First Aid, CPR and AED courses. First Aid/CPR/AED Deluxe Instructor Kit with Skill Boost Training Supplies contains the program materials for program.

Requested by (print name): Dianne Cheney Signature: Dianne Cheney

Approved by (print name): Chad Freeman Signature: Chad Freeman

Budget Code:

Budget Code:

## **First Aid/CPR/AED Instructor-BL-r.21**

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### **Class Description**

This course will train instructor candidates to teach basic-level American Red Cross First Aid, CPR and AED courses. In order to participate in this course, you must possess a current basic-level American Red Cross First Aid/CPR/AED (or higher level) certification or equivalent and be at least 16 years of age on the last day of the instructor course. Upon registration, it is important that you review and follow the directions on the e-mail attachment sent with your registration confirmation. This is a blended learning course consisting of online content, a skills session and classroom segments. Online material must be completed prior to attending the classroom activities. For more information, please reference the attachment you will receive via e-mail when you register for this course.

**\$325.00**

### **First Aid/CPR/AED Instructor Kit + Skill Boost Training Supplies**

First Aid/CPR/AED Deluxe Instructor Kit with Skill Boost Training Supplies, Rev. 2021, contains the program materials for the American Red Cross First Aid/CPR/AED program, including the participant's manual, instructor manual, ready reference cards and DVD. As well as the various skill boost training supplies, including: a Practi-Inhaler, Training Device for administering quick-relief medication for asthma, Epinephrine Auto injector Training Device for anaphylaxis, Naloxone Nasal Spray Training Device for Opioid Overdose, and a windlass rod tourniquet to control life-threatening bleeding. All of these supplies come packed in a durable American Red Cross Instructor backpack.

**\$258.00**

### **Contents Include:**

- 1 - American Red Cross First Aid/ CPR/ AED Participant's Manual, Rev. 2021 (754100)
- 1 - American Red Cross Pediatric First Aid/ CPR/ AED Ready Reference, Rev. 2021 (754102)
- 1 - American Red Cross Adult First Aid / CPR/ AED Ready Reference, Rev. 2021 (754103)
- 1 - First Aid/CPR/AED Instructor's Manual, Rev. 2021 (754101)
- 1 - First Aid/CPR/AED DVD, Rev. 2021 (754104)
- 1 - Naloxone Nasal Spray Reusable Demonstration Device (765200)
- 1 - Epinephrine Auto injector Training Device for Anaphylaxis (765201)
- 1 - Practi-Inhaler, Training Device for Asthma (each)(765202)
- 1 - ARC Tactical Medical Tourniquet (SOFTT-W-RC)
- 1 - American Red Cross Instructor Backpack (150801)

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Name of Requestor: Dianne Cheney Date: 10/11/2022

Department/Service Area: Student Services

Site: Health Services

<b>VENDOR NAME AND ADDRESS</b>	American Red Cross American Red Cross Training Services 25688 Network Place Chicago, IL. 60673-1256
<b>PHONE # OF VENDOR</b>	888-284-0607

<b>FUNDING GUIDELINES:</b>	<b>DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</b>	<b>QTY (each, hourly, etc)</b>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
#1 & #5	American Red Cross Adult and Pediatric First Aid/CPR/AED	6.00	65.00	390.00
			Subtotal	390.00
			Tax	8.75% 34.13
			Shipping	0.00
	<b>TOTAL</b>			424.13

Are other local/site funding resources available? If yes, please describe: No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**  
Open Purchase Order with American Red Cross that will allow AUSD Nursing Staff to train AUSD employees who would like to be certified in First Aid/CPR/AED. This training is offered to employees that are not required to have CPR/First Aid/AED certification as part of their job description, therefore, training is not paid for by the HR department. This training is offered to SEA I, office staff, and site admin on a volunteer basis.

Requested by (print name): Dianne Cheney Signature: Dianne Cheney

Approved by (print name): Chad Freeman Signature: Chad Freeman

Budget Code:  
Budget Code:



# Adult and Pediatric CPR/AED-r.21

The 2021 Adult and Pediatric CPR/AED course equips students to recognize and care for a variety of breathing and cardiac emergencies involving adults, children, and infants. It is designed for students who need a certification that satisfies OSHA, workplace, or other regulatory requirements. Upon successful completion, a valid 2-year digital certificate for Adult and Pediatric CPR/AED is issued.

- **Blended Learning:** Using a combination of self-paced, interactive online CPR classes and in-class skill sessions, our groundbreaking blended learning courses give you the ability to train on your schedule and demonstrate your skills to a certified instructor.

\$65.00/person

**Alvord Unified School District  
LEA Medi-Cal Billing Funds Request Form**  
[CLICK HERE] for Funding Guidelines

**Name of Requestor:** Dianne Cheney **Date:** 09/26/2022

**Department/Service Area:** Health Services

**Site:** Health Services

<b>VENDOR NAME AND ADDRESS</b>	Hear & C, Inc. 14528 Jalisco Road La Mirada, Ca. 90638
<b>PHONE # OF VENDOR</b>	714-739-8121

<b>FUNDING GUIDELINES:</b>	<b>DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</b>	<b>QTY (each, hourly, etc)</b>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
1B	Path Sentiero Handheld OAE Screener with Dual Probe and Carrying Case	2.00	5,400.00	10,800.00
			Subtotal	10,800.00
			Tax	8.75%
				945.00
			Shipping	75.00
			<b>TOTAL</b>	<b>11,820.00</b>

**Are other local/site funding resources available? If yes, please describe:** No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

This OAE, which is faster and more accurate, would enhance hearing testing for Special Education students, those with shorter attention spans and those difficult to assess students. Thus, giving more students testing that may have otherwise been unable to test.

Requested by (print name): Dianne Cheney Signature: Dianne Cheney

Approved by (print name): Chad Freeman Signature: Chad Freeman

Budget Code:  
Budget Code:

**HEAR & C, INC.**  
 14528 Jalisco Road  
 La Mirada, CA 90638 US  
 +1 7147398121  
 daniel@hearandc.com

**Quote 3344**



<b>ADDRESS</b>	<b>SHIP TO</b>
Alvord Unified School District	Nancy Furness
9 KPC Parkway	Alvord Unified School District
Corona, CA 92879	10365 Keller Ave
	Riverside, CA 92505

<b>DATE</b> 09/26/2022	<b>TOTAL</b> \$11,820.00	<b>EXPIRATION DATE</b> 12/26/2022
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**VENDOR NUMBER**  
 103327

ACTIVITY	QTY	RATE	AMOUNT
Parts	2	5,400.00	10,800.00
Path Sentiero Handheld OAE Screener with Dual Probe and Carrying Case			
** Includes 1 Year Warranty			
** Includes In-Service			
	<b>SUBTOTAL</b>		10,800.00
	<b>TAX</b>		945.00
	<b>SHIPPING</b>		75.00
	<b>TOTAL</b>		<b>\$11,820.00</b>

THANK YOU.

Accepted By

Accepted Date

**Alvord Unified School District  
LEA Medi-Cal Billing Funds Request Form**  
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**Name of Requestor:** Dianne Cheney **Date:** 09/28/2022

**Department/Service Area:** Health Services

**Site:** Health Services

<b>VENDOR NAME AND ADDRESS</b>	School Health Corporation 5600 Apollo Drive Rolling Meadows, Illinois 60008
<b>PHONE # OF VENDOR</b>	866-323-5465

<b>FUNDING GUIDELINES:</b>	<b>DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</b>	<b>QTY (each, hourly, etc)</b>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
1B	Welch Allyn SPOT Vision Screener Package w/5 yr SMARTCARE	1.00	7,980.00	7,980.00
			Subtotal	7,980.00
			<b>Tax</b> 8.75%	698.25
			Shipping	0.00
	<b>TOTAL</b>			8,678.25

**Are other local/site funding resources available? If yes, please describe:** No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

This screener is needed so it can be taken to school sites. This screening tool will be extremely helpful in enhancing more accurate results for our special ed. population. It will also help give a more accurate result for our difficult to screen and immature student populations.

Requested by (print name): Dianne Cheney Signature: Dianne Cheney

Approved by (print name): Chad Freeman Signature: Chad Freeman

Budget Code:

Budget Code:



January 1, 2022

**To Whom It May Concern,**

Hillrom and School Health Corporation are engaged in an arrangement under which School Health is Hillrom's strategic distributor for the Welch Allyn® Spot® Vision Screener in the U.S. education and non-profit segment. School Health provides customers in this segment with superior training and service, enabling them to protect and preserve the eyesight of children around the country.

School Health is a leader in installation of and training on Spot Vision Screener, with years of experience and a commitment to helping customers in the education and non-profit segment navigate state vision health guidelines. In recognition of the value School Health offers, Hillrom provides School Health with an exclusive part number (VSI00SH-B\*) for customers in the education and non-profit segment. The exclusive part number includes a complimentary 5-year SmartCare Services Program with every School Health Spot Vision Screener and Early Intervention (Spot & OAE) Kit purchase to ensure your investment is protected. This combination of installation, training, and support services is a core benefit to customers in the education and non-profit segment that only School Health offers.

School Health also maintains robust inventory levels of Spot Vision Screener to expedite distribution of large orders. School Health purposely maintains such inventory to deliver Spot Vision Screener to customers of any size.

School Health has been appointed Hillrom's strategic distributor of Spot Vision Screener in the education and non-profit segment because it is the largest U.S. provider of medical goods to customers in this segment. School Health understands, and is uniquely capable of meeting, the specific needs of large school systems and non-profit organizations that support vision screening in schools.

Instrument-based vision screening is the first step in detecting vision problems in children. Thank you for your continued dedication to eliminating the leading causes of vision loss and blindness in children.

Sincerely,

A handwritten signature in black ink that reads 'Kaitlin Lyons'.

Kaitlin Lyons  
Product Marketing Manager, Vision Screening & Diagnostics

\*School Health item #52890, #1003001, #1006090, #1007189, #1003012SP and #1035686.

100 E Main Street, Suite 100, City, ST 00000 | Phone 000.000.0000

[hillrom.com](http://hillrom.com)





School Health Corporation  
 5600 Apollo Drive  
 Rolling Meadows, Illinois 60008  
 P(866)323-5465 | F(800)235-1305  
 schoolhealth.com

# QUOTE

Attn: NANCY FURNESS

Ship To:  
 ALVORD UNIFIED SCHOOL DISTRICT  
 9 KPC PKWY  
 CORONA, CA 92879-7102

Bill To:  
 ALVORD UNIFIED SCHOOL DISTRICT  
 9 KPC PKWY  
 CORONA, CA 92879-7102

EXPIRATION DATE		QUOTE NO.
11/25/22		4117819-00
DATE	P.O. #	PAGE #
09/26/22	NFURNESS0926	1

QUOTE PREPARED BY	PHONE	EMAIL
Vanessa Bobo		vbobo@schoolhealth.com

INSTRUCTIONS	SHIP POINT	VIA	SHIPPED	TERMS
	SCHOOL HEALTH	UPS GROUND		NET 30

LN	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QTY. UM	UNIT PRICE	PRICE UM	DISCOUNT MULTIPLIER	AMOUNT (NET)
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1	1035686	1	KIT	7980.00	KIT	0.00	7980.00
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**WA SPOT VISION SCREENER PACKAGE W/5YR SMARTCARE**

For every \$10,000 spent on qualifying models – unlock a \$500 rebate: Offer available on purchases made from July 1, 2022 – December 31, 2022. To be eligible, for every \$10,000 spent, customers can unlock a \$500 rebate on qualifying School Health models #1003001, #1006090, #1007189, #52890, #1035686, #1003012SP, #1041134, #1034459, #1034460, #1007187, #1007188 and #1007189. Customers must provide proof of purchase and a W-9 as indicated on the redemption form found at [hillrom.com/schoolvisionandhearingpromo](http://hillrom.com/schoolvisionandhearingpromo). All information must be submitted via the online redemption process by February 15, 2023. Offer cannot be combined with any other offer, discount or GPO contract pricing. Some exclusions may apply. All submissions require a W-9 and proof of purchase of qualifying models. Please allow 12 weeks for receipt of rebate check.

In recognition of the value School Health offers, Hillrom provides School Health with an exclusive part number for customers in the education and non-profit segment. The exclusive part number includes a FREE 5-year Welch Allyn Comprehensive Partners in Care support program (a \$1,496 value) with every School Health Spot Vision Screener to ensure your investment is protected.

\*\*\*\*\*ATTENTION: PLEASE READ \*\*\*\*\*

**ACTIVATE YOUR 5 YEAR SMARTCARE SERVICES IN CARE WARRANTY IMMEDIATELY!**

To activate:

1. Locate the device serial number and priority numbers from the yellow envelope that was enclosed with your product shipment.
2. Please call Hillrom at 800-535-6663, Option 1 (US/Canada) or go to [welchallyn.com/service/activate](http://welchallyn.com/service/activate) and follow the instructions.
3. Once your SmartCare Services has been activated, Hillrom

Continued



School Health Corporation  
 5600 Apollo Drive  
 Rolling Meadows, Illinois 60008  
 P(866)323-5465 | F(800)235-1305  
 schoolhealth.com

# QUOTE

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 9 KPC PKWY  
 CORONA, CA 92879-7102

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DATE	P.O. #	PAGE #
09/26/22	NFURNESS0926	2

QUOTE PREPARED BY	PHONE	EMAIL
Vanessa Bobo		vbobo@schoolhealth.com

INSTRUCTIONS	SHIP POINT	VIA	SHIPPED	TERMS
	SCHOOL HEALTH	UPS GROUND		NET 30

LN	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QTY. UM	UNIT PRICE	PRICE UM	DISCOUNT MULTIPLIER	AMOUNT (NET)
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will send you a welcome letter within 10-15 days including your service agreement number, the serial number of the devices covered, and the effective dates of the agreement. Please keep these numbers in a secure place for future use. This is a kit that includes Spot sku #1003001, which INCLUDES the free 5-Year PIC. Welch Allyn Spot Vision Screener Package (1035686) Contents:  
 Spot Vision Screener  
 Carry Case  
 Parrot Frosted Occluder Glasses, 2/pkg  
 Spectacle Occluder  
 LEA Numbers Chart, 10 ft. Test Proportional Spaced  
 Sloan Proportional Spaced Dist Chart, 9 x 14  
 Monster Sticker Set

Items stocked in our warehouse usually ship within 24 hours. Items above may be indicated as **\*\*Shipping Direct From Manufacturer\*\***. Delivery times for items **\*\*Shipping Direct From Manufacturer\*\*** vary. For specific delivery time, call customer care at 866-323-5465.

1 Lines Total	Sub Total	7980.00
	Taxes	698.25
	Invoice Total	8678.25

Tax ID Number: 36-2425385

Continued



School Health Corporation  
 5600 Apollo Drive  
 Rolling Meadows, Illinois 60008  
 P(866)323-5465 | F(800)235-1305  
 schoolhealth.com

# QUOTE

Attn: NANCY FURNESS  
 Ship To:  
 ALVORD UNIFIED SCHOOL DISTRICT  
 9 KPC PKWY  
 CORONA, CA 92879-7102

Bill To:  
 ALVORD UNIFIED SCHOOL DISTRICT  
 9 KPC PKWY  
 CORONA, CA 92879-7102

EXPIRATION DATE		QUOTE NO.
11/25/22		4117819-00
DATE	P.O. #	PAGE #
09/26/22	NFURNESS0926	3

QUOTE PREPARED BY	PHONE	EMAIL
Vanessa Bobo		vbobo@schoolhealth.com

INSTRUCTIONS	SHIP POINT	VIA	SHIPPED	TERMS
	SCHOOL HEALTH	UPS GROUND		NET 30

LN	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QTY. UM	UNIT PRICE	PRICE UM	DISCOUNT MULTIPLIER	AMOUNT (NET)
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To receive an email with tracking information when your order has shipped, please provide your email address when placing your order. Help us also reduce paper usage and become more eco-friendly by providing your email address to send your invoices and order confirmations electronically. Thank you, for the opportunity to work with you and if you have any questions, please contact our Customer Care Department @ 866 323 - 5465.



**Alvord Unified School District  
LEA Medi-Cal Billing Funds Request Form**  
[CLICK HERE] for Funding Guidelines

**Name of Requestor:** Dianne Cheney, RN **Date:** 10/06/2022

**Department/Service Area:** Health Services

**Site:** Health Services

<b>VENDOR NAME AND ADDRESS</b>	California School Nurses Org (CSNO) 3511 Del Paso Rd. Suite 160 Sacramento, Ca. 95835
<b>PHONE # OF VENDOR</b>	916-448-5752

<b>FUNDING GUIDELINES:</b>	<b>DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</b>	<b>QTY (each, hourly, etc)</b>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
1 Health	CSNO Annual Conference- Non-Member Melody Mendiola, RN and Eileen Riedell, RN	2.00	795.00	1,590.00
1 Health	CSNO Annual Conference-Member Dianne Cheney, RN	1.00	545.00	545.00
1 Health	CSNO Annual Pre Conference-Full Day-Dianne Cheney	1.00	275.00	275.00
	Mileage round trip from Health Services 20.8 mi @ 0.585 per mile	3.00	12.17	36.51
			Subtotal	2,446.51
		<b>Tax</b>	<b>8.75%</b>	214.07
			Shipping	0.00
	<b>TOTAL</b>			2,660.58

**Are other local/site funding resources available? If yes, please describe:** No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

Attending CSNO's Annual Conference will enhance our health care knowledge and skills, enabling us to provide better care for our students and to better support the health services staff. We will be able to pass on much of what we learn to our colleagues and our notes and copy of the speakers' presentations will be available for their reference.

Requested by (print name): Dianne Cheney Signature: Dianne Cheney

Approved by (print name): Chad Freeman Signature: Chad Freeman

Budget Code:

Budget Code:

Registrant Type	2023 Early Bird Pricing (on or before 1/12/23)	2023 Regular Pricing (beginning 1/13/23)	2023 FLAT Rates
Conference Member	\$545	\$695	
Conference Retired, Student & Board	\$495	\$645	
Conference Non-Member	\$795	\$945	
Pre-Conference Full Day Member			\$275
Pre-Conference Full Day Non-Member			\$425
Pre-Conference Half Day Member			\$165
Pre-Conference Half Day Non-Member			\$315



## CSNO Annual Conference-Riverside Convention Center

Attending CSNO's Annual Conference, will enhance our health care knowledge and skills, enabling us to provide better care for our students and to better support the health services staff. We will be able to pass on much of what we learn to our colleagues and our notes and copy of the speakers' presentations will be available for their reference.

### Dianne

- Pre-Conference Full Day Member \$275
- Conference Member \$545

### Melody

- Conference Non-Member \$795

### Eileen

- Conference Non-Member \$795

**Total=\$2,410**

Delete Archive Report Reply Reply all Forward

CSNO Conference

Dianne Cheney
To: Nancy Furness

Fri 9/30/2022 8:56 AM

Agenda: A tentative agenda will be released on or before October 15, 2022. Core conference activities run from approximately 2:00 p.m. on Thursday, 2/16 thru noon on Sunday, 2/19. Pre-conference intensive sessions (separate fee) are on Thursday, 2/16.

Dianne Cheney, M.Ed., R.N.
Credentialed School District Nurse
Alvord Unified School District
951-509-5033

- Health Services Department Chair
Loma Vista Middle School
Lake Hills Elementary School
Alvord Continuation H.S.
Alvord Alternative Continuation H.S.
Preschool Assessment Team
Student Attendance Review Board (SARB)
LEA (Medi-Cal Billing) Collaborative

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Reply Forward



**Agenda:** A tentative agenda will be released on or before October 15, 2022. Core conference activities run from approximately 2:00 p.m. on Thursday, 2/16 thru noon on Sunday, 2/19. Pre-conference intensive sessions (separate fee) are on Thursday, 2/16. **Current Job Openings**

**Registration:** Conference registration will open in mid to late October 2022. Rates are tentatively set as follows.



Registrant Type	2023 Early Bird Pricing (on or before 1/12/23)	2023 Regular Pricing (beginning 1/13/23)	2023 FLAT Rates
Conference Member	\$545	\$695	
Conference Retired, Student & Board	\$495	\$645	
Conference Non-Member	\$795	\$945	
Pre-Conference Full Day Member			\$275
Pre-Conference Full Day Non-Member			\$425
Pre-Conference Half Day Member			\$165
Pre-Conference Half Day Non-Member			\$315

**Location:** With limited exception, all conference activities will be held at the Riverside Convention Center, which is a very short walk from each of the host hotels.

**Accommodations:** The host hotels are The Historic Mission Inn Hotel & Spa and Marriott Riverside. You may make reservations at either one (based on availability) and our group room rate at both is \$189 plus 13.195% tax single/double. For reservations, go to:

[The Historic Mission Inn Hotel & Spa](#)

[Marriott Riverside](#)

Should you have challenges with hotel reservations, please send an email to Mark Yunker, Meeting Planner at [myunker@meetingwise.net](mailto:myunker@meetingwise.net) with the details. He will respond as quickly as possible and within three (3) business days.

**Sponsor & Exhibitor Opportunities:** Opportunities range from a high of \$10,000 to a low of \$1,000 so there is something for every marketing plan and budget. We appreciate your support of California School Nurses! For more information and to register, go [HERE](#). The sponsor and exhibitor registration deadline is February 9<sup>th</sup> but the earlier you register, the more visibility!





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### Upcoming Events

Sat Oct 1, 2022	<a href="#">Northern Section Fall Conference 2022</a>	Category: Events
Wed Oct 5, 2022	<a href="#">CSNO Executive Board Meeting</a>	Category: Events
Thu Oct 6, 2022	<a href="#">CSNO Conference Planning Committee Meeting</a>	Category: Events
Sat Oct 8, 2022	<a href="#">Bay Coast Fall Conference 2022</a>	Category: Events
Wed Oct 12, 2022	<a href="#">San Diego Imperial Section Fall Conference 2022</a>	Category: Events

[View Full Calendar](#)



**Make plans NOW to join us in Riverside!**



**Call for Presentations:** The call for presentations window has closed at this time. We encourage you to consider submitting a proposal for the 2024 Conference in Rancho Mirage and that proposal window will open late spring 2023.

**Local Information:** For more information on Riverside, go to [www.riversidecvb.com](http://www.riversidecvb.com).

**Questions:** For general questions, please send an email to [admin@meetingwise.net](mailto:admin@meetingwise.net). We will respond as quickly as possible and within three (3) business days.



LOG IN



google maps directions



Sign in

All Maps Images Books More

Tools

SafeSearch on

About 2,230,000,000 results (0.35 seconds)

10365 Keller Ave, Riverside, CA 92505

Riverside Convention Center, 3637 5th St, Riverside, CA 92501



23 min (10.4 mi) via CA-91 E

Directions

(9.3 mi) via Jurupa Ave

(9.7 mi) via Arlington Ave

https://maps.google.com

### Google Maps

Real-time location sharing. Your contributions. Your places. Settings; Language; Help; My Maps; Send feedback. Global edit ...

### Directions

Find local businesses, view maps and get driving directions in ...

### Get started with Google Maps

Get set up and learn the basics of Google Maps with this guide.

### Get directions & show routes

Customize your route On your Android phone or tablet, open ...

More results from google.com >

https://play.google.com > store > apps > details > id=co...

### Google Maps - Apps on Google Play

Navigate your world faster and easier with Google Maps. Over 220 countries and territories mapped and hundreds of millions of businesses and places on the ...

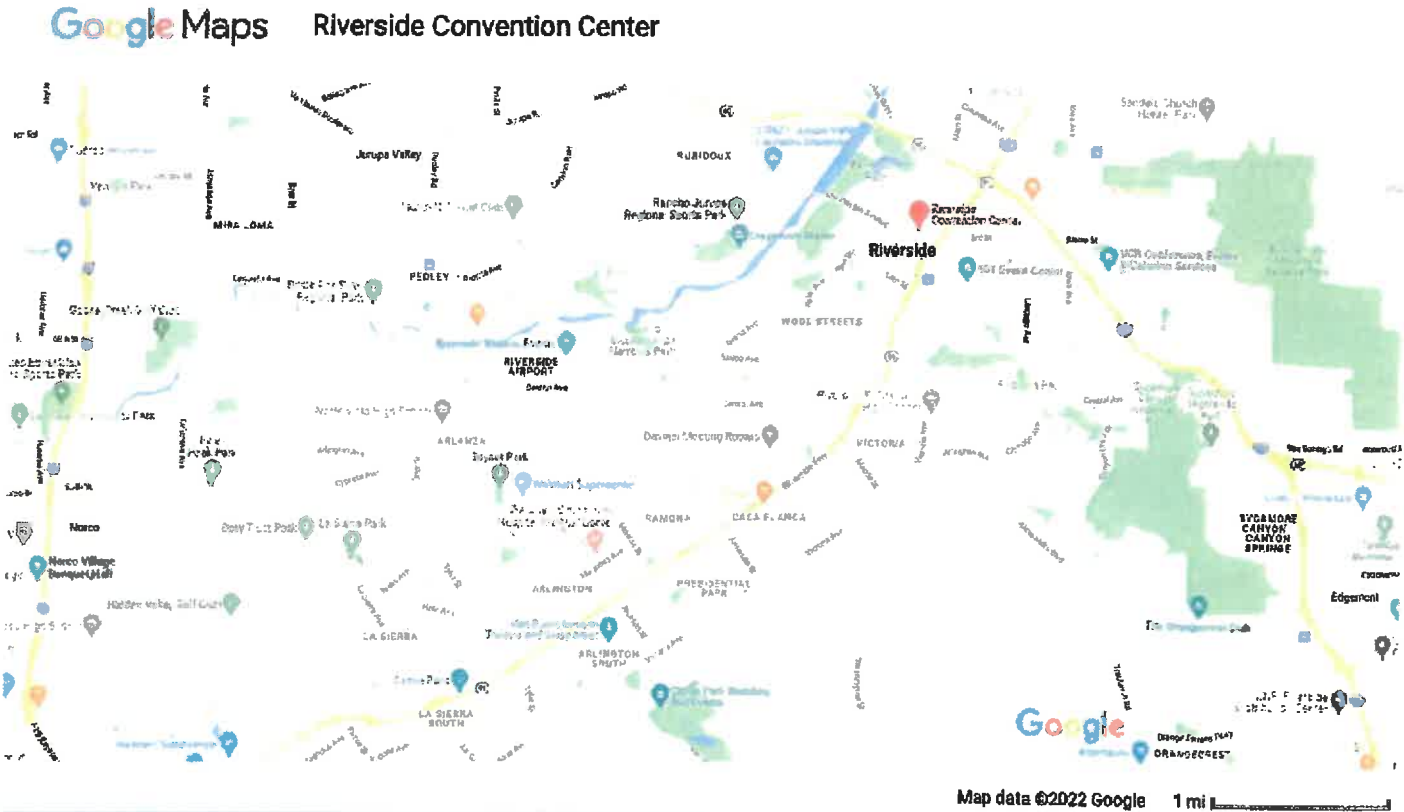
Rating: 4.1 · 16,335,368 votes · Free · Android · Travel

### People also ask

How do I get directions for a location?

How do I get detailed driving directions on Google Maps?

What is the best map app for directions?



## Riverside Convention Center

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Convention center



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3637 5th St, Riverside, CA 92501

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riversidecvb.com

(951) 346-4700

**Alvord Unified School District  
LEA Medi-Cal Billing Funds Request Form**  
[CLICK HERE] for Funding Guidelines

**Name of Requestor:** Kimberly Rector, RN **Date:** 09/28/2022

**Department/Service Area:** Health Services

**Site:** Health Services

<b>VENDOR NAME AND ADDRESS</b>	School Health Corporation 5600 Apollo Drive Rolling Meadows, Illinois 60008
<b>PHONE # OF VENDOR</b>	866-323-5465

<b>FUNDING GUIDELINES:</b>	<b>DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</b>	<b>QTY (each, hourly, etc)</b>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
1F	Lamp Illum Magnifier w/black base and casters	1.00	725.00	725.00
			Subtotal	725.00
			Tax	8.75% 63.44
			Shipping	0.00
	<b>TOTAL</b>			788.44

**Are other local/site funding resources available? If yes, please describe:** No

---

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**  
Enhances student health by allowing the RN to better rule out pediculosis infection and/or if treatment was successful.

Requested by (print name): Kimberly Rector, RN Signature: Kimberly Rector, RN

Approved by (print name): Chad Freeman Signature: Chad Freeman

Budget Code:  
Budget Code:



School Health Corporation  
 5600 Apollo Drive  
 Rolling Meadows, Illinois 60008  
 P(866)323-5465 | F(800)235-1305  
 schoolhealth.com

# QUOTE

**Attn:** NANCY FURNESS  
**Ship To:**  
 ALVORD UNIFIED SCHOOL DISTRICT  
 9 KPC PKWY  
 CORONA, CA 92879-7102

**Bill To:**  
 ALVORD UNIFIED SCHOOL DISTRICT  
 9 KPC PKWY  
 CORONA, CA 92879-7102

EXPIRATION DATE		QUOTE NO.
11/26/22		4118644-00
DATE	P.O.#	PAGE #
09/27/22	NFURNESS092722	1

QUOTE PREPARED BY	PHONE	EMAIL
Keenan Silver		ksilver@schoolhealth.com

INSTRUCTIONS	SHIP POINT	VIA	SHIPPED	TERMS
	SCHOOL HEALTH	UPS GROUND		NET 30

LN	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QTY. UM	UNIT PRICE	PRICE UM	DISCOUNT MULTIPLIER	AMOUNT (NET)
2	24057 LAMP ILLUM MAGNIFIER W/BLACK BASE & CASTERS	1	EACH	725.00	EACH	0.00	725.00

Items stocked in our warehouse usually ship within 24 hours. Items above may be indicated as **\*\*Shipping Direct From Manufacturer\*\***. Delivery times for items **\*\*Shipping Direct From Manufacturer\*\*** vary. For specific delivery time, call customer care at 866-323-5465.

1 Lines Total	Sub Total	725.00
	Taxes	63.44
	Invoice Total	788.44

Tax ID Number: 36-2425385

To receive an email with tracking information when your order has shipped, please provide your email address when placing your order. Help us also reduce paper usage and become more eco-friendly by providing your email address to send your invoices and order confirmations electronically. Thank you, for the opportunity to work with you and if you have any questions, please contact our Customer Care Department @ 866 323 - 5465.

**Alvord Unified School District  
LEA Medi-Cal Billing Funds Request Form**  
[CLICK HERE] for Funding Guidelines

Name of Requestor: Jennifer McCoy Date: 10/03/2022

Department/Service Area: Speech

Site: RMK E.S.

<b>VENDOR NAME AND ADDRESS</b>	SLP Now 10810 N Tatum Blvd, Suite 102860 Pheonix, AZ 85028
<b>PHONE # OF VENDOR</b>	480-808-0757

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED <i>(Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</i>	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
5	SLP Now Subscription - Valid for 1 year	1.00	249.00	249.00
			Subtotal	249.00
		Tax	8.75%	21.79
			Shipping	0.00
	<b>TOTAL</b>			270.79

Are other local/site funding resources available? If yes, please describe: No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

The SLPnow subscription provides materials and resources that assist in lesson planning for groups and allows SLPs to save data collection. The materials provided with the subscription are categorized by seasonal materials, themes, skills, category and grade level. Making caseload set up and therapy planning simple.

Requested by (print name): Jennifer McCoy Signature: Jennifer McCoy

Approved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:

Budget Code:



**Alvord Unified School District  
LEA Medi-Cal Billing Funds Request Form**

Name of Requestor: Ximena Talavera Date: 09/28/22

Department/Service Area: Speech Department

Site: Various( see attached document for details)

<b>VENDOR NAME AND ADDRESS</b>	SLP NOW 10810 N Tatum Blvd, Suite 102860 Pheonix, AZ 85028
<b>PHONE # OF VENDOR</b>	(480) 808-0757

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED <small>(Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</small>	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
SLP	Now Subscription. Valid for 1 year from the date of purchase	1	\$249	\$249
			Subtotal	\$249
		Tax	8.75%	
			Shipping	0
	<b>TOTAL</b>			\$249

Are other local/site funding resources available? If yes, please describe: No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

The SLPnow subscription provides materials and resources that assist in lesson planning for groups and allows SLPs to save data collection. The materials provided with the subscription are categorized by seasonal materials, themes, skills, category and grade level. Making caseload set up and therapy planning simple. The lesson plans and materials will assist our students in meeting their yearly speech goals. By providing a variety of material options we can observe and take data in a more functional and appropriate way. Our SLPs will cut down on lesson planning time which will allow us to service our sites in other ways such as evaluating, screening observing, etc.

Requested by (print name): Ximena Talavera Signature: Ximena Talavera

Approved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:  
Budget Code:





To: Alvord Unified School District

From: SLP Now®  
221 E Indianola Ave  
Phoenix, AZ 85012  
USA

To whom it may concern:

Thank you for your interest in the SLP Now Membership!

See quote details below.

Description	Quantity	Unit Price	Total USD
<b><i>SLP Now Membership</i></b> <b><i>Includes access to the online SLP Now membership (slpnow.com) for one year.</i></b>	1	\$249	\$249

Best,

Marisha Mets  
Founder of SLP Now®

E-Mail: [hello@slpnow.com](mailto:hello@slpnow.com)  
Phone: 480-808-0757

# SLP Now

SLP Now® provides the materials and tools SLPs need to be organized, confident and efficient, so they can get back to their mission: helping students succeed.

## IN THE MEMBERSHIP

1,200+ Therapy Materials  
100+ Book Units  
20+ Common Core Aligned Skills  
12+ Professional Development Hours

“

“I now feel clear headed knowing my **lesson planning is quick and effective.** Joining SLP Now organizes your SLP lesson plan life so you can move on to doing what you got into this profession for – seeing students.”

SARAH S., SLPHAPPYHOUR.COM



“This has truly been my lifeline this school year. I spend about 10-15 minutes every Friday afternoon prepping for the entire next week of therapy. SLP Now provides **evidence-based materials** for every, single, student, on my caseload. There are literacy packs, skills packs, assessments, and crafts. Most of the time, I just print and use immediately!”

LACEE J., SPEECHMEMAYBE.COM

”

## Questions?

Visit [slpnow.com/schools](http://slpnow.com/schools) or e-mail us at [hello@slpnow.com](mailto:hello@slpnow.com) for more information.

**Alvord Unified School District  
LEA Medi-Cal Billing Funds Request Form**  
[CLICK HERE] for Funding Guidelines

**Name of Requestor:** Jennifer McCoy **Date:** 10/03/2022

**Department/Service Area:** Speech

**Site:** RMK E.S.

<b>VENDOR NAME AND ADDRESS</b>	Continued.com LLC PO Box 734836 Dallas, Tx 75373
<b>PHONE # OF VENDOR</b>	800-242-5183

<b>FUNDING GUIDELINES:</b>	<b>DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</b>	<b>QTY (each, hourly, etc)</b>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
5	Speechpathology.com - 1 yr subscription	1.00	89.99	89.99
			Subtotal	89.99
			<b>Tax</b>	<b>8.75%</b> 7.87
			Shipping	0.00
	<b>TOTAL</b>			97.86

**Are other local/site funding resources available? If yes, please describe:** Yes

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

Case Management Services - speechpathology.com is an online website that provides SLPs the opportunity to acquire Continuing Education Units (CEUs) on a wide variety of topics related to our field.

Requested by (print name): Jennifer McCoy Signature: Jennifer McCoy

Approved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:

Budget Code:



# Alvord Unified School District - New Deal

**Alvord Unified School District**

9 KPC Parkway  
Corona, CA 92879  
USA

**Jennifer McCoy**

jennifer.mccoy@alvordschools.org  
951-358-1645

Reference: 20220928-113224990  
Quote created: September 28, 2022  
Quote expires: December 27, 2022



**Continued.com LLC**  
P.O. BOX 734836

Dallas, TX 75373  
US

**Prepared by: Heather Robertson**  
Senior Account Manager  
heather.robertson@continued.com

**Total** **\$89.00**

PRODUCTS & SERVICES	SKU	QUANTITY	BILLING FREQUENCY	PRICE
SP CE School Membership - \$89		1		\$89.00 for 1 year
<b>SUBTOTALS</b>				
One-time subtotal				\$89.00

<b>Total</b>	<b>\$89.00</b>
--------------	----------------

## Comments

To ensure you are making an informed decision regarding your purchase, I encourage you to peruse our library to ensure it contains courses beneficial to your patient population, work setting, and any local or district certification requirements. Please do not hesitate to contact me should you need additional information.

Please follow these instructions for submitting a purchase order for CE memberships:

- Purchase orders for all [Continued](#) family sites can be made out to **Continued**. Continued family sites include [continued.com](#) (where [Early Childhood Education](#), [Respiratory Therapy](#), and [Social Work](#) are housed) as well as [AudiologyOnline](#), [OccupationalTherapy.com](#), [PhysicalTherapy.com](#), and [SpeechPathology.com](#).
- If you are tax-exempt, please email your tax-exempt form to [salestax@continued.com](mailto:salestax@continued.com)
- List the names, email addresses, and disciplines (e.g., SLP, OT, PT, SW, AO, RT or ECE) of the participants we will be registering for CE memberships. (Note: CE memberships are not transferable.)
- Send the PO to attention Heather Robertson via fax [210-568-2154](tel:210-568-2154) or email ([purchaseorder@continued.com](mailto:purchaseorder@continued.com)).
- Include the name and **email address** of the contact at your organization to whom we should email the invoice. (NOTE: our payment terms are *net 15 days*.)
- Checks should be made payable to Continued. Our remit to address is: PO Box 734836, Dallas, TX 75373-4836

## Purchase terms



**Alvord Unified School District**  
**LEA Medi-Cal Billing Funds Request Form**  
 [CLICK HERE] for Funding Guidelines

**Name of Requestor:** Satheesh Dhupakalasham **Date:** 10/14/2022

**Department/Service Area:** Special Education/ Speech Language Pathologist

**Site:** Special Education

<b>VENDOR NAME AND ADDRESS</b>	Stuttering Therapy Resources 8005 Spectrum Dr. McKinny, TX 75070
<b>PHONE # OF VENDOR</b>	844-478-8883

<b>FUNDING GUIDELINES:</b>	<b>DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</b>	<b>QTY (each, hourly, etc)</b>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
12	OASES Manual -English	17.00	55.00	935.00
12	OASES-S Response Forms English	15.00	45.00	675.00
12	OASES-S Response Forms Spanish	15.00	45.00	675.00
12	OASES-T Response Forms English	5.00	45.00	225.00
12	OASES-T Response Forms Spanish	5.00	45.00	225.00
12	OASES-A Response Forms English (2) & Spanish (2)	4.00	45.00	180.00
			<b>Subtotal</b>	2,915.00
		<b>Tax</b>	<b>8.75%</b>	255.06
			<b>Shipping</b>	60.00
	<b>TOTAL</b>			3,230.06

**Are other local/site funding resources available? If yes, please describe:** No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

OASES is a quick, easy-to-use, comprehensive tool to measure the impact of stuttering. Evidence-based and founded upon a solid theoretical framework, the OASES protocol supports clinical and research decision-making. Shipping price is approximation.

Requested by (print name): Satheesh K Dhupakalasham Signature: Satheesh K Dhupakalasham

Approved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:


Budget Code:




# Overall Assessment of the Speaker's Experience of Stuttering (OASES™)

Measure the **impact** of stuttering with this quick, easy-to-use, comprehensive tool. Evidence-based and founded upon a solid theoretical framework, the OASES protocol supports clinical and research decision-making. *OASES Impact Scores* and *Impact Ratings* help you provide diagnoses, qualify individuals for therapy, justify third-party payment, document improvement, and evaluate treatment efficacy. OASES materials are available for use in the USA, for use outside the USA, and for Research Purposes.

OASES Overall Assessment of the Speaker's Experience of Stuttering USA  
OASES USA: Printed English & Spanish



OASES Non-USA: Print-Your-Own



OASES Research & Clinical Licenses



## Uses & Applications

- Gather valuable background data during assessment to support treatment recommendations and justify intervention.
- Build the therapeutic alliance by discussing items and scores with clients throughout treatment.
- Document progress and make data-based treatment decisions through ongoing assessment and planning.
- Assess outcomes during and after treatment to evaluate efficacy and recommend appropriate follow-up.
- Evaluate changes that occur due to treatment in efficacy studies.

## Content & Administration

Each question is scored on a 5-point Likert scale. Responses are totaled into Impact Scores and Impact Ratings (Mild through Severe). Scoring can be completed for the entire test, as well as for each of the four sections individually. These sections examine:

- **General information** about the speaker's perceptions of stuttering
- The speaker's **reactions** to stuttering
- Difficulties with **communication in daily situations**
- Overall impact on **quality of life**

## OASES Age Groups

OASES Response Forms have been developed and validated, with age-appropriate items and instructions for 3 age groups:

- **OASES-S:** School-Age Children (ages 7-12; 60 items)
- **OASES-T:** Teens (ages 13-17; 80 items)
- **OASES-A:** Adults (ages 18 and above; 100 items)

## Translations

OASES Response Forms have been translated into **numerous languages**. To discuss the process of translating the OASES Response Forms or Technical/Scoring Manual to your own language, please email [Info@StutteringTherapyResources.com](mailto:Info@StutteringTherapyResources.com).

## Clinical and Research Licenses

Researchers and clinicians who wish to adapt the OASES for specific situations may purchase a **Clinical** or **Research** license. Email [Info@StutteringTherapyResources.com](mailto:Info@StutteringTherapyResources.com) for more information.

## Features & Benefits

- Provides a quick and easy self-assessment that forms the foundation of a comprehensive evaluation
- Enables insights beyond observable stuttering severity ratings
- Helps clinicians and clients understand the complexity of stuttering
- Offers information about the speaker's perceptions about stuttering, the speaker's reactions to stuttering, and challenges in performing daily activities that involve communication
- Examines functional communication difficulties and quality of life from the perspective of those who stutter
- Promotes self-awareness of how stuttering affects different areas of life, including school, work, home, and social settings
- Provides useful information that researchers can use for evaluating the efficacy of stuttering treatment

## Psychometric Data and Validation

- Based on an adaptation of the World Health Organization's *International Classification of Functioning, Disability, and Health* (Yaruss & Quesal, 2004)
- Validated through samples of hundreds of people who stutter drawn from around the world
- Supported by numerous peer-reviewed empirical studies
- Provides both a numerical score and descriptive impact rating

## Frequently Asked Questions

***What is the OASES for?*** The OASES provides a comprehensive assessment of the stuttering disorder from the speaker's perspective. It gives clinicians and researchers meaningful insights into the client's experiences that can be used in the diagnostic process, for treatment planning, and in outcomes assessment.

***What information does the OASES give me?*** The OASES gives clinicians and researchers an *impact rating* and *impact score*, which reflect the degree of adverse impact a speaker experiences due to stuttering. The impact score combines information about (a) the speaker's perceptions about stuttering; (b) the negative affective (feelings), behavioral (actions), and cognitive (thoughts) reactions that the speaker has to stuttering; (c) the functional communication difficulties a speaker may have in different speaking environments; and (d) the impact of stuttering on the speaker's overall quality of life. The OASES is the only published tool that specifically examines Quality of Life in people who stutter. It is also the only tool that establishes the degree of *adverse impact* when qualifying a child who stutters for therapy in a school setting.

***How long does it take to administer the OASES?*** Regardless of the version (OASES-S, OASES-T, or OASES-A), the OASES typically takes 15 to 20 minutes for speakers complete. Scoring requires only 5 minutes.

***When do I use the OASES?*** Clinicians and researchers can use the OASES:

- during a diagnostic evaluation to establish the degree of negative impact a speaker experiences as a result of stuttering
- to review responses on individual items while preparing treatment goals
- to explore key topics with the client during treatment and collaboratively identify areas for intervention
- as a progress monitoring tool during or after treatment to track progress and evaluate treatment efficacy
- to compare a standard set of outcomes from different approaches to treatment

***Who can use the OASES?*** The OASES can be used by speech-language pathologists, research scientists, and others (e.g., psychologists) who work clinically or do research with individuals who stutter.

***How was the OASES developed?*** The OASES was developed through an iterative process that involved input from people who stutter, speech-language pathologists who specialize in stuttering, members of the stuttering community, and others who interact with children and

adults who stutter (e.g., parents and teachers). An initial set of questions was identified through focus group discussions and expert review panels. These questions were then tested through several pilot studies, each of which resulted in refinements to the wording of the questions, the terms used in the descriptions, and the scoring procedures. The OASES-A for adults was developed first, and reliability and validity were established through a study published in the *Journal of Fluency Disorders* (Yaruss & Quesal, 2006). The tool was then adapted for the needs of school-age children (OASES-S) and teens (OASES-T). In each case, pilot data were carefully scrutinized to ensure readability, reliability, and validity for assessing key aspects of the speaker's experience of stuttering.

***How do I interpret OASES findings?*** The OASES yields a score on a 5-point scale that indicates the amount of adverse impact a person experiences due to stuttering. Higher scores indicate higher levels of negative impact. Impact ratings reflect mild, mild-to-moderate, moderate, moderate-to-severe, and severe adverse impact. Scores can be interpreted for the test as a whole and for each of four sections separately. Clinicians can also examine a speaker's response for individual items to identify specific challenges to address in therapy. The manual includes a detailed set of interpretation guides, which help clinicians compare their clients' experiences to patterns commonly seen in the experiences of other people who stutter.

***How will the OASES help me in my daily work with people who stutter?*** Many clinicians report that they are not certain where to start when working with people who stutter. The detailed results from the OASES can provide exactly that starting point by highlighting for clinicians (and for speakers) what aspects of life are most affected by stuttering. For example, responses on the OASES can indicate whether a speaker would benefit from therapy for reducing negative reactions to stuttering, or whether stuttering is causing the speaker to avoid words or speaking situations. Results can also reveal which types of situations are hardest for speakers and provide insights into how those difficulties can be overcome. Clinicians who use the OASES routinely use their clients' responses to individual test items as a starting place for discussions about sensitive topics in therapy that they might otherwise have difficulty bringing up. For this reason, the OASES can be used both during the evaluation and on a daily basis in therapy to support the client in identifying goals for therapy and assessing whether positive changes have occurred. The OASES differs from the Stuttering Severity Instrument (Riley, 2009) and other measures of stuttering behavior in that the OASES provides information about the *speaker's* experience of stuttering, not the listener's or clinician's experience. Thus, the OASES provides insights into what people who stutter think or feel about their stuttering, how much difficulty they experience in key situations, and the degree to which stuttering affects their lives as a whole. The SSI (or other measure of surface stuttering behaviors) and the OASES can be used together to provide a more complete

picture of the impact of stuttering. Because it is based on the speaker's daily life, the OASES provides information that goes well beyond that available through typical severity ratings.

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## Subscribe for Free Resources

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8005 Spectrum Drive, McKinney, TX 75072

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Email: [info@StutteringTherapyResources.com](mailto:info@StutteringTherapyResources.com)

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NorthernSpeech.com





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Here is the quote you requested.

Thank you for your interest in our materials.

Schools and hospitals may submit purchase orders via email

to: [Sales@StutteringTherapyResources.com](mailto:Sales@StutteringTherapyResources.com).

Click here for our [vendor information page](#).

If you prefer, you may use the button below to pay with a credit card.

Please let me know if I can help with anything else.

Best wishes,

Virginia Yaruss and the Stuttering Therapy Resources team

[Purchase with Credit Card](#)

Stuttering Therapy Resources, Inc.

8005 Spectrum Dr.

McKinney, TX 75070

Phone/Fax: 844-478-8883

[Sales@StutteringTherapyResources.com](mailto:Sales@StutteringTherapyResources.com)

QUOTE #D1484

DATE: 10/05/22

## Requested Products



**OASES English (USA, Printed) - OASES Technical  
/ Scoring Manual - ENGLISH × 17**

**\$935.00**



**OASES English (USA, Printed) - OASES-S (Ages 7-12) Response Forms - ENGLISH (25 forms) × 15      \$675.00**



**OASES English (USA, Printed) - OASES-T (Ages 13-17) Response Forms - ENGLISH (25 forms) × 5      \$225.00**



**OASES English (USA, Printed) - OASES-A (Ages 18+) Response Forms - ENGLISH (25 forms) × 2      \$90.00**



**OASES Spanish / Español (USA - Printed) - OASES-S (ages 7-12) Response Forms - SPANISH (25 forms) × 15      \$675.00**



**OASES Spanish / Español (USA - Printed) - OASES-T (ages 13-17) Response Forms - SPANISH (25 forms) × 5      \$225.00**



**OASES Spanish / Español (USA - Printed) - OASES-A (ages 18+) Response Forms - SPANISH (25 forms) × 2      \$90.00**

Subtotal **\$2,915.00**

Shipping via UPS® Ground **\$57.62**

Taxes **\$0.00**

Total **\$2,972.62 USD**



## Customer information

### Shipping address

Satheesh Dhupakalasham  
Special Education Department,  
Alvord Unified School District  
9 KPC Parkway  
Corona CA 92879  
United States

### Billing address

Satheesh Dhupakalasham  
Special Education Department,  
Alvord Unified School District  
9 KPC Parkway  
Corona CA 92879  
United States



Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form
[CLICK HERE] for Funding Guidelines

Name of Requestor: Sandy Fieldin Date: 10/10/2022

Department/Service Area: Office of School Safety

Site: Human Resources

Table with 2 columns: Vendor Name and Address, Phone # of Vendor. Vendor: CPR Institute of Indiana, 111 David Lane, Indianapolis, IN 46227. Phone: 317-610-0277.

Table with 5 columns: Funding Guidelines, Description of Items Requested, Qty (each, hourly, etc), Amount, Total Amount. Row 1: 1F, 3 Automatic External Defibrillators, 3.00, 1,190.00, 3,570.00. Summary rows for Subtotal, Tax (8.75%), Shipping, and TOTAL (3,882.38).

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

All Alvord schools have Automated External Defibrillators (AED) on their campuses. Elementary and Alvord High/Alt Ed-1 per school, Middle-2 per school, and High School-3 per school. An additional AED at the 3 comprehensive high schools would provide better coverage to their pools, fields, sports areas by allowing an AED to be placed near these areas.

Requested by (print name): Sandy Fielding Signature: Sandy Fielding

Approved by (print name): Chad Freeman Signature: Chad Freeman

Budget Code:

Budget Code:



**CPR Institute of Indiana**  
111 David Ln  
Indianapolis, IN 46227  
(317) 610-0277  
support@cprinstitute.com  
cprinstitute.com

**ADDRESS**

Alvord Unified School District.  
9KPC Pkwy  
Corona CA 922879

**SHIP TO**

Alvord Unified School District.  
9KPC Pkwy  
Corona CA 922879

Estimate 1181

DATE 09/21/2022

DATE	ACTIVITY	QTY	RATE	AMOUNT
09/21/2022	HeartStart FRx AED FRx AED	3	1,190.00	3,570.00T

SUBTOTAL 3,570.00  
TAX (7.25%) 258.83

**TOTAL \$3,828.83**

Accepted By

Accepted Date

**PLEASE NOTE CHANGES TO ADDRESS**

Please remit payment to:  
CPR Institute of Indiana  
111 David Lane  
Indianapolis, IN 46227

**Alvord Unified School District**  
**LEA Medi-Cal Billing Funds Request Form**  
 [CLICK HERE] for Funding Guidelines

**Name of Requestor:** Soha Sjostrom **Date:** 10/05/2022

**Department/Service Area:** Resource Teacher - Special Education

**Site:** Orrenmaa E.S.

<b>VENDOR NAME AND ADDRESS</b>	Read Live 1284 Corporate Center Dr, Ste 600 Saint Paul, MN 55121-1279
<b>PHONE # OF VENDOR</b>	800-788-4085

<b>FUNDING GUIDELINES:</b>	<b>DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</b>	<b>QTY (each, hourly, etc)</b>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
Read Live RL01PRO (guideline)	Read live prorated subscription period 11/1/22-8/23	90.00	12.88	1,159.20
	Licences to be share between			
	Promenade, Rose Mary Kenneday and La Granada			
	Resource teachers and SDC teachers			
			Subtotal	1,159.20
		<b>Tax</b>	<b>8.75%</b>	101.43
			Shipping	0.00
	<b>TOTAL</b>			1,260.63

**Are other local/site funding resources available? If yes, please describe:** No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

Reading live is a research based intervention program that covers students from Kindergarten through middle school. Students and teachers can monitor their progress in reading and phonics.

Requested by (print name): Soha Sjostrom Signature: Soha Sjostrom

Approved by (print name): Diana Taylor Signature: Diana Taylor

Budget Code:

Budget Code:



1284 Corporate Center Dr, Ste 600  
Saint Paul, MN 55121-1279  
phone: 800.788.4085 651.452.4085  
fax: 651.452.9204  
website: www.readnaturally.com

Quote No: Q208034  
Quote Date: 10/5/2022

## QUOTATION

**This Quote Expires on: 8/8/2023**

**PO #**  
*Bill to:* ALVORD UNIFIED SCHOOL DISTRICT  
Soha Sjostrom  
9 KPC PKWY  
CORONA, CA 92879

**PO #**  
*Ship to:* ALVORD UNIFIED SCHOOL DISTRICT  
Soha Sjostrom  
10365 KELLER AVE  
RIVERSIDE, CA 92505

QUANTITY	ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
90	RL01PRO	Read Live Prorated Subscription Subscription period: 11/1/2022 through 8/8/2023	12.88	1,159.20

SUBTOTAL:	\$1,159.20
SHIPPING:	\$0.00
SALES TAX:	\$0.00

**ORDER TOTAL: \$1,159.20**

### ORDER NOTES

**Read Live Account Information:**

Read Live Account ID: 00030415  
Current Main Account Administrator: Soha Sjostrom

\*\*\*90 additional (130 total) Read Live licenses starting 11/1/2022

### ORDER OPTIONS

**Purchase Order:**

- Email: [customerservice@readnaturally.com](mailto:customerservice@readnaturally.com)
- Mail: 1284 Corporate Center Dr. #600  
Saint Paul, MN 55121

**Credit Card:**

- Phone: 800.788.4085 option 2
- Online: [www.readnaturally.com/make-payment](http://www.readnaturally.com/make-payment)  
and follow on-screen prompts

**Alvord Unified School District**  
**LEA Medi-Cal Billing Funds Request Form**  
 [CLICK HERE] for Funding Guidelines

**Name of Requestor:** Kisha McMullen **Date:** 10/11/2022

**Department/Service Area:** SPED Dept Life Skills-Villegas

**Site:** Special Education

<b>VENDOR NAME AND ADDRESS</b>	James Stanfield Company, Inc P.O. BOX 41058 Santa Barbara, CA 93140
<b>PHONE # OF VENDOR</b>	800-421-6534

<b>FUNDING GUIDELINES:</b>	<b>DESCRIPTION OF ITEMS REQUESTED</b> <i>(Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</i>	<b>QTY</b> <i>(each, hourly, etc)</i>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
5	Circles: Intimacy & Relationship Guidelines Level 1	1.00	799.00	799.00
			Subtotal	799.00
			Tax	8.75% 69.91
			Shipping	61.00
	<b>TOTAL</b>			929.91

**Are other local/site funding resources available? If yes, please describe:** No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

The Circles material will be used in a Moderate/Severe Lifeskills program at Villegas Middle School. This material will be used as supplementary material to teach these students about appropriate relationships and developing appropriate boundaries. The students in the program are working on functional academics, behavior, communication, and adaptive skills.

Requested by (print name): Kisha McMullen Signature: Kisha McMullen

Approved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:

Budget Code:

# Circles

## **Intimacy & Relationships 1**

Teach your students how to recognize social boundaries and avoid exploitation with the all-new edition of Circles® Intimacy & Relationships – Level 1





### **WHAT'S IN THE PACKAGE**

- 107 MINUTES OF INSTRUCTION
- 1 GIANT WALL GRAPH
- 50 LARGE LAMINATED GRAPH ICONS
- 50 STUDENT PERSONAL GRAPHS
- 300 PEEL N STICK ICONS
- TEACHER'S GUIDE

**\$799.00**

**ADD TO CART**

# ESTIMATE

James Stanfield Company, Inc.

James Stanfield  
129 S. Quarantina, Santa Barbara, CA 93103  
maindesk@stanfield.com

Estimate No#: 0004  
Estimate Date: Oct 10, 2022

**\$948.90**  
ESTIMATED AMOUNT

## BILL TO

Alvord USD  
Kisha McMullen  
10365 Keller Avenue, Riverside, CA 92505, UNITED STATES  
kisha.mcmullen@alvordschools.org  
Phone: +1 951-358-1605

## SHIP TO

Alvord USD  
Kisha McMullen  
10365 Keller Avenue, Riverside, CA 92505, UNITED STATES

#	ITEMS & DESCRIPTION	QTY/HRS	PRICE	AMOUNT(\$)
1	Circles Level 1	1	\$799.00	\$799.00
Subtotal				\$799.00
Shipping				\$79.99
Tax Riverside (8.75%)				\$69.91
TOTAL				<b>\$948.90 USD</b>

## NOTES TO CUSTOMER

Thank you for your interest in our products! Let us know if you need anything.



**Alvord Unified School District  
LEA Medi-Cal Billing Funds Request Form**  
[CLICK HERE] for Funding Guidelines

**Name of Requestor:** Joi Richardson **Date:** 10/12/2022

**Department/Service Area:** Special Education/Speech & Language Pathologists

**Site:** Special Education

<b>VENDOR NAME AND ADDRESS</b>	Western Psychological Services 625 Alaska Avenue Torrance, CA 90503
<b>PHONE # OF VENDOR</b>	800-648-8857

<b>FUNDING GUIDELINES:</b>	<b>DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</b>	<b>QTY (each, hourly, etc)</b>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
12-Assessments	Clinical Assessment of Pragmatics (FYI: the price on the quote I received comes to \$5378.35)	16.00	281.00	4,496.00
			Subtotal	4,496.00
			<b>Tax</b>	<b>8.75%</b> 393.40
			Shipping	449.60
	<b>TOTAL</b>			5,339.00

**Are other local/site funding resources available? If yes, please describe:** No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

This assessment meets the needs of a large number of speech & language assessments by providing a complete assessment of pragmatics (versus a single subtest on a language assessment). In addition, the large age range (7-18.11) allows for use at most sites. As more students are identified as being on the Autism spectrum, this assessment provides an additional assessment when SLPs are frequently asked to assess or reassess.

Requested by (print name): Joi Richardson Signature: Joi Richardson

Approved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:

Budget Code:

LEA request for the CAPs (Clinical Assessment of Pragmatics)

<u>SLP Name</u>	<u>email</u>	<u>Site(s)</u>
Joi Richardson	joi.richardson@alvordschools.org	La Sierra
Ximena Talavera	ximena.talavera@alvordschools.org	RMK
Satheesh K Dhupakalasham	satheesh.dhupakalasham@alvordschools.org	Villegas MS
Lynne Greenlee	lynne.greenlee@alvordschools.org	Stokoe
Hilary Ness	hilary.ness@alvordschools.org	La Granada
Arlene Rodriguez	arlene.rodriguez@alvordschools.org	Twinhill
Jessica Hernandez	jessica.hernandez@alvordschools.org	Myra Linn Elementary
Dotie Blase	mary.blase@alvordschools.org	Orrenmaa E.S.
May Al-Merry	may.almerry@alvordschools.org	Promenade E.S.
Celine Monninger	celine.monninger@alvordschools.net	Collett/Stokoe/Promenade
Sage Coria	sage.coria@alvordschools.org	Foothill
Mitch Trubio	michelle.trubio@alvordschools.org	Loma Vista
Stuti Shringi	stuti.shringi@alvordschools.org	Terrace EL
Samantha De La Cruz	samantha.delacruz@alvordschools.org	Arlanza
Loida Ortiz	loida.ortiz@alvordschools.org	Wells Middle School
Marisol Rios	marisol.rios@alvordschoos.org	Valley View



Tel: (424) 201-8800  
 Tel: (800) 648-8857  
 Fax: (424)-201-6950  
 Email: [customerservice@wpspublish.com](mailto:customerservice@wpspublish.com)

EIN 95-2483722

DUNS 041685686

## Quote

Western Psychological Services  
 625 Alaska Ave.  
 Torrance, CA 90503  
[www.wpspublish.com](http://www.wpspublish.com)

Quote Number	Q14725
Quote Date	10/12/2022
Expiration Date	12/31/2022
Customer Number	19286

**Bill to:**  
 Accounts Payable  
 Alvord Unified School District  
 9 Kpc Pkwy  
 Corona CA 92879-7102

**Ship to:**  
 Special Education  
 Alvord Unified School District  
 9 Kpc Pkwy  
 Corona CA 92879-7102

**PO MUST REFERENCE QUOTE NUMBER**

As a condition of this sale, Purchaser agrees not to duplicate, reproduce, or adapt the following materials in any manner, whether mechanically, electronically, or otherwise, or license others to do so.

Line	Item Number	Item Description	Quantity	Unit	Unit Price	Extended Price
1	W-699	CAPs Kit	16	Each	\$281.00	\$4,496.00

<b>Subtotal</b>	\$4,496.00
<b>Shipping &amp; Handling</b>	\$449.60
<b>Sales Tax (%)</b>	\$432.75
<b>Total</b>	\$5,378.35

**Please use your Customer Number (19286) when ordering or contacting WPS about your account.**

**Professional Development & Training Comments:**

Prepayment or copy of official purchase order is required.



Tel: (424) 201-8800  
Tel: (800) 648-8857  
Fax: (424)-201-6950  
Email: [customerservice@wpspublish.com](mailto:customerservice@wpspublish.com)

EIN 95-2483722

DUNS 041685686

## Quote

Western Psychological Services  
625 Alaska Ave.  
Torrance, CA 90503  
[www.wpspublish.com](http://www.wpspublish.com)

Quote Number	Q14725
Quote Date	10/12/2022
Expiration Date	12/31/2022
Customer Number	19286

Dear Customer,

Thank you for your quotation request. Our quote is included with this letter. Please note all the following terms and conditions.

- TERMS:** All invoices are due and payable immediately upon receipt. Open accounts are allowed only for recognized U.S. public or government agencies that have submitted official purchase orders through appropriate purchasing channels (NOTE: WPS accepts certain Canadian purchase orders; see quote as applicable for details). All others must prepay. Note that additional terms may appear on the accompanying proforma invoice.
- SHIPPING AND HANDLING:** Shipments within the United States are charged a shipping and handling fee of 10% of the order total (\$5.00 minimum). For Canadian shipments, the fee is 20% of the order total (\$10.00 minimum). For most other countries, the fee is 25% of the order total (\$25.00 minimum; some destinations will require fees in excess of 25%). This fee includes all shipping charges plus charges for processing quotes, special invoicing, completion of customer-required forms, etc. Documentation of charges or freight bills is not provided, since shipping costs are only a part of this fee. The shipping and handling fee is an integral part of this quote, and your acceptance of this quote indicates your acceptance of this fee.
- INTERNATIONAL SHIPMENTS:** Title passes upon shipment. WPS cannot assume responsibility for delivery outside of the United States. Customs charges and duties may be applied to a shipment when it enters a foreign country. These charges are determined by the country's government and are collected by the package courier upon delivery of goods. The carrier, acting as customs broker, may also charge a processing fee that you are responsible for paying. WPS plays no role in assigning or collecting these duties.
- DELIVERY TIME:** Shipment will be made within approximately 10 days after receipt of your order. Occasionally there are circumstances beyond our control when particular items are not available, and we reserve the right to cancel these items from your order.
- PAYMENT:** All payments must be made in U.S. dollars using one of the following methods:
  - Visa, MasterCard, Discover, or American Express
  - Recognized official purchase order, per the "Terms" section above. Requisitions will not be accepted.
  - Check drawn on a U.S. bank, or international money order
  - ACH/Wire Transfer; please contact [eft@wpspublish.com](mailto:eft@wpspublish.com) for details; subject to delayed processing for 1 to 2 weeks before shipment can be released
- ACCEPTANCE:** To accept this quote, we must receive your order within sixty (60) days of the quote date. In addition, your purchase order MUST state the quote number. This quote is automatically void if the order placed differs from this quote in any respect.
- Manson Western, LLC, dba Western Psychological Services Federal ID Number: 95-2483722
- All items listed without a price are considered "No Bid."
- Due to increase in energy surcharges, the quoted shipping price is subject to change. Please reach out to customer service for a revised shipping total before final payment is made.

Sincerely,

2 of 2

Western Psychological Services



**Alvord Unified School District  
LEA Medi-Cal Billing Funds Request Form**  
[CLICK HERE] for Funding Guidelines

**Name of Requestor:** Ashley Cobb **Date:** 10/13/2022

**Department/Service Area:** LEA BOP-Speech Services

**Site:** Fiscal Services

<b>VENDOR NAME AND ADDRESS</b>	Howard Taras, MD 4305 University Avenue Suite 525 San Diego, CA 92105
<b>PHONE # OF VENDOR</b>	858-657-5141

<b>FUNDING GUIDELINES:</b>	<b>DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</b>	<b>QTY (each, hourly, etc)</b>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
10	Approval of Physician Based Standards for Speech services. 1/26/2023-1/26/2025	1.00	70.00	70.00
			Subtotal	70.00
			<b>Tax</b>	<b>8.75%</b> 6.13
			Shipping	
	<b>TOTAL</b>			76.13

**Are other local/site funding resources available? If yes, please describe:** No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

Dr. Taras provides our district a letter approving our Physician Based Standards. This letter is good for two years from the date of signature. This letter is necessary for our SLPs to bill in LEA BOP.

Requested by (print name): Ashley Cobb Signature: Ashley Cobb

Approved by (print name): F. Anthony Warnecke Signature: F. Anthony Warnecke

Budget Code:

Budget Code:



SCHOOL OF MEDICINE  
DEPARTMENT OF PEDIATRICS  
DIVISION OF COMMUNITY HEALTH

9500 GILMAN DRIVE  
LA JOLLA, CALIFORNIA 92093-0927  
TEL: (619) 681-0665  
FAX: (619) 844-617-1632

## Determination of Medical Necessity for Services Of Speech-Language Therapists and Audiologists

### School District

Medi-Cal and other health insurers require that “medical necessity” for speech and language services and audiology services be established prior to reimbursement. For school-provided services, the District Physician has established the following criteria for medical necessity. Some health insurers may establish their own criteria for medical necessity that differ from the District’s.

1. The etiology of a speech or language impairment (i.e., development or acquired) does not in itself determine whether a service is medically necessary. This is based on the nature and severity of the disability.
2. A service qualifies as medically necessary if it supports a need that meets criteria set forth in the following:
  - a. Articulation disorders, such that the pupil's production of speech significantly interferes with communication and attracts adverse attention.
  - b. Abnormal voice, characterized by persistent, defective voice quality, pitch, or loudness. An appropriate medical examination shall be conducted, where appropriate.
  - c. Fluency difficulties which result in an abnormal flow of verbal expression to such a degree that these difficulties adversely affect communication between the pupil and listener.
  - d. Inappropriate or inadequate acquisition, comprehension, or expression of spoken language, or non-verbal communication, including social, functional communication, such that the pupil's language performance level is found to be significantly below the language performance level of his or her peers (definition, below)
  - e. Hearing loss which limits access to language and communication and significantly affects educational performance.
  - f. Selective mutism.

- g. A documented need for training for augmentative assistive communication device, secondary to a problem identified in (a) through (f), above..
3. To define spoken language that is “significantly below language performance level of his or her peers”, the performance should be at least 1.5 SD below mean or <7%ile relative to same age peers. This finding may be based on standardized testing and/or performance based assessment if: standardized testing cannot be given, standardized testing is not appropriate for the population or purpose, or standardized testing is not accurate, AND if the method and rationale behind the assessment is described.
  4. Performance based assessments are used to determine articulation, fluency and voice disorders.
  5. Speech and language assessments and/or audiology assessments that qualify a student for services must be documented in writing.
  6. Reasonable effort must be made to ensure that students’ physicians (or designated “medical home”) receive a copy of the results of each speech/language assessment, including recommended therapy, and each audiology assessment, including intervention. See sample letter (attached below).
  7. The interval prior to reassessment should not exceed the period required by the Special Education Department for the Individualized Education Plan (IEP). This is currently 3 years.
  8. A physician designated by the District is to be available to audit records of those services for which the District is billing, and where medical necessity is a requirement for reimbursement.
  9. These criteria are to be reviewed at least every two years.

\_\_\_\_\_  
Printed Name of District Physician

\_\_\_\_\_  
California License No.

\_\_\_\_\_  
Physician’s Signature

\_\_\_\_\_  
Date

**SAMPLE LETTER to be sent home, along with a copy of the speech assessment**

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

Dear Parent or Guardian,

Please find attached an extra copy of your child’s most recent assessment for one or more of the following school-based therapies:

- Occupational Therapy Assessment
- Physical Therapy Assessment
- Speech Therapy Assessment
- Audiology Assessment

Please take this copy with you to your child’s next doctor’s appointment (or mail it to your child’s doctor, if you prefer). It is important for doctors to know about medically-related therapies and assessments their patients receive at school. Your doctor may choose to make the attached assessment(s) a part of your child’s permanent medical record.

If your child has several health care providers, we suggest that you choose the doctor or clinic that provides primary care for your child (that is, the clinic or person who performs regular well- check-ups and gives your child immunizations). This is usually a general pediatrician, a family physician, or a nurse-practitioner.

Thank you for considering this request.

Sincerely yours,

**Alvord Unified School District  
LEA Medi-Cal Billing Funds Request Form**  
[CLICK HERE] for Funding Guidelines

**Name of Requestor:** Ashley Cobb **Date:** 10/18/2022

**Department/Service Area:** Fiscal Services

**Site:** Fiscal Services

<b>VENDOR NAME AND ADDRESS</b>	Practi-Cal PO Box 981000 WEst Sacramento, CA 95798
<b>PHONE # OF VENDOR</b>	951-316-4474

<b>FUNDING GUIDELINES:</b>	<b>DESCRIPTION OF ITEMS REQUESTED</b> <i>(Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</i>	<b>QTY</b> <i>(each, hourly, etc)</i>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
10	LEA BOP vendor services for 22-23 school year.	1.00	96,140.00	96,140.00
	NO TAX			
			Subtotal	96,140.00
		Tax	8.75%	8,412.25
			Shipping	
	<b>TOTAL</b>			104,552.25

**Are other local/site funding resources available? If yes, please describe:** No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

Practi-Cal provides LEA BOP services including but not limited to: submitting state reports, completeing CRCS reports, processing LEA billing to the stae and providing training to AUSD employees as needed.

Requested by (print name): Ashley Cobb Signature: Ashley Cobb

Approved by (print name): F. Anthony Warnecke Signature: F. Anthony Warnecke

Budget Code:

Budget Code:



**MEDI-CAL LEA BILLING OPTION SERVICES AGREEMENT BETWEEN  
THE  
ALVORD UNIFIED SCHOOL DISTRICT  
AND  
PRACTI-CAL, INC.**

Whereas the DISTRICT (hereinafter referred to as "DISTRICT") desires to contract for Medi-Cal LEA Billing Option services; and Practi-Cal, Incorporated (hereinafter referred to as PRACTI-CAL) is willing to provide such services through its Medi-Cal Services Program;

Now, therefore in consideration of the mutual Agreements and definitions contained herein, the parties hereto agree as follows:

**1. Definitions** The parties agree to this agreement and mutually accept the following definitions of the enumerated terms:

- 1.1 PRACTI-CAL means Practi-Cal, Incorporated. When used in the context of the performance of tasks, this is extended to include its subcontractors when performing duties in connection with this contract.
- 1.2 DISTRICT means an independent public school district, county office of education, Office of the County Superintendent of Schools, Special Education Local Plan Area or community college district in the State of California.
- 1.3 AGREEMENT means this contract between the DISTRICT and PRACTI-CAL, along with exhibits A and B.
- 1.4 Claim means the right of the DISTRICT to seek reimbursement for a service or services provided to a named student on a given day by a named service provider.
- 1.5 LEA means a Local Educational Agency .
- 1.6 DHCS means Department of Health Care Services.
- 1.7 SELPA means a Special Education Local Plan Area.

**2. Commencement, Amendment, and Termination**

**Commencement**

- 2.1 The parties hereby enter into this agreement for the period of one year beginning on 07/01/2022 and remaining in full force and affect, except as amended or terminated as hereinafter provided.
- 2.2 This agreement shall become subject to amendment in the event any legislative, executive or regulatory action or any court decision which, in the judgment of PRACTI-CAL, prohibits or modifies any services or actions contemplated by this AGREEMENT.
- 2.3 Any alterations, variations, modifications or waivers of provisions of this AGREEMENT shall be valid

only when they have been reduced to writing, duly signed and attached to the original of this AGREEMENT.

2.4 This AGREEMENT may be terminated at any time by either party giving not less than one hundred and eighty days written notice before the end of the term or the automatic renewal date.

2.5 This AGREEMENT shall become subject to termination in the event of any legislative, executive or regulatory action or any court decision which, in the judgment of PRACTI-CAL, prohibits the expenditure of federal and/or state funds for the services or actions contemplated by this AGREEMENT.

**3. PRACTI-CAL Responsibilities:** PRACTI-CAL is responsible for the duties specified in Exhibit A, whether provided by internal staff or by its subcontractor or its designee.

**4. DISTRICT Responsibilities:** The DISTRICT is responsible for performing the duties specified in Exhibit B.

### **5. Fees for Services**

5.1 In consideration for all services rendered pursuant to this AGREEMENT the DISTRICT shall pay PRACTI-CAL an annual license fee for access to our online billing software, support, resources and electronic claims processing. This fee will be adjusted annually to reflect changes in DISTRICT performance, demographics, and/or cost of providing services.

**The DISTRICT can choose to pay this fee using one of the following methods:**

Annually = \$94,940

Quarterly = \$25,634

Monthly = \$8,545

**OPTIONAL SERVICES** (DISTRICT will not be charged these fees, unless service is requested:

- CRCS completion and analysis assistance will be billed as a flat \$1200 annual fee.
- Electronic Care Plan Writer for IHPs' = \$700 annually
- CDE Documentation access for non-Medi-Cal billing staff = \$10 per user annually. No additional fee for Medi-Cal billing staff.

5.2 PRACTI-CAL reserves the right to collect all fees that are due for any period preceding notice of termination or actual termination whichever occurs last. PRACTI-CAL will provide the DISTRICT an invoice for services provided during each month via email shortly after the end of the calendar month. The DISTRICT shall pay PRACTI-CAL according to the following schedule:

A) If the DISTRICT check is dated less than forty five (45) days after the date on the PRACTI-CAL invoice, the DISTRICT shall pay the amount of the PRACTI-CAL invoice.

B) If the DISTRICT check is dated more than forty four (44) days after the date on the PRACTI-CAL invoice, a late payment fee of two percent (2%) shall be added on the forty fifth (45th) day and another two percent (2%) shall be added on each thirty day anniversary of the forty fifth (45th) day until payment is made.

5.3 Parties understand that this contract is to provide software and consulting services, including the services listed in Exhibit A of the existing contract. Although one of the PRACTI-CAL responsibilities is to file claims on behalf of the DISTRICT, the fees payable are not related in any way to any amounts, which will be billed or collected from Medi-Cal.

**6. Events of Default:** Upon the occurrence of an event of default by either party to this AGREEMENT, the non-

defaulting party may terminate this AGREEMENT after giving the appropriate written notice to the defaulting party. Each of the following events constitutes an event of default:

- 6.1 If DISTRICT fails to make any payment on or before the due date and fails to cure this delinquency within thirty days of such delinquency.
- 6.2 If DISTRICT commits any breach of any covenant, warranty or agreement herein contained, and fails to remedy any such breach and such failure shall continue for fifteen days after written notice thereof from PRACTI-CAL to the DISTRICT, then PRACTI-CAL may, at its option, and in addition to any other remedies to which it may be entitled, cancel and terminate this AGREEMENT by thirty days notice in writing to such effect.
- 6.3 If PRACTI-CAL commits any breach of any covenant, warranty or agreement herein contained, and fails to remedy any such breach and such failure shall continue for fifteen days after written notice thereof from the DISTRICT to PRACTI-CAL, then the DISTRICT may, at its option, and in addition to any other remedies to which it may be entitled, cancel and terminate this AGREEMENT by thirty day's notice in writing to such effect.

**7. Errors and Omissions:** No accidental errors or omissions upon the part of either party shall relieve the other party of its responsibilities under the AGREEMENT, provided such errors and omissions are reported as soon after discovery as possible. Both parties agree to carry such errors and omissions insurance as will protect the other party from injury not the fault of the injured party.

**8. Confidentiality:**

- 8.1 Except to the extent permitted under federal or state law, regulation or standards; and to the extent required to qualify students as clients or beneficiaries of services for benefits for which they are, or may be, entitled under State, local or federal entitlement or laws, under policies, contracts or insurance payments contemplated within the scope of this AGREEMENT, PRACTI-CAL shall not during or after the period of this AGREEMENT, without authorization from the DISTRICT, disclose or use for the benefit of any person, corporation or other entity or itself, any files or any other confidential or personally identifiable information concerning students and/or their families. Confidential or personally identifiable information shall mean information not generally known to the public which is disclosed to PRACTI-CAL, its agents or employees, or known by them as a consequence of this AGREEMENT, whether or not pursuant to this AGREEMENT.
- 8.2 The DISTRICT shall not, except to the extent permitted or required by law, disclose any proprietary information it may learn as a consequence of this AGREEMENT, to anyone other than an employee of the DISTRICT, who requires such information to perform hereunder, or an employee of PRACTI-CAL or its designee.

**9. Warrantees:** The DISTRICT represents and warrants that:

- 9.1 This instrument is executed with the full knowledge of and understanding of its term and meanings by the DISTRICT and is executed by a person who has the authority of the governing board to do so.
- 9.2 This instrument is being executed in multiple counterparts, each of which are the same AGREEMENT and any of which shall be considered an original instrument.
- 9.3 All information provided or otherwise supplied to PRACTI-CAL or its designee shall, to the best of its knowledge and belief, be true, accurate and complete and that the DISTRICT has the right to file



such CLAIMS as documented.

9.4 That the filing of claims through PRACTI-CAL pursuant to this AGREEMENT will not be knowingly in violation of any law or contract to which the DISTRICT is a party.

9.5 That neither the DISTRICT nor its employees shall submit Medicaid CLAIMS except through PRACTI-CAL during the term of this AGREEMENT.

**10. Ownership of Products of AGREEMENT:** The parties hereto agree that all forms, materials, software and other documents including, but not limited to, criteria, policies and procedures developed by PRACTI-CAL as a direct result of, or instrumental to, this AGREEMENT shall, at all times, remain the property of PRACTI-CAL and may not be distributed, published or sold to third parties, persons or entities without the express, written consent of PRACTI-CAL.

## **11. Remedies of the Parties**

11.1 The parties hereto acknowledge that, notwithstanding the fact that this AGREEMENT is terminable upon notice, the restrictions contained in this AGREEMENT are reasonable and necessary protection of the legitimate interests of the parties, that any violation of the terms of this agreement might cause substantial injury to the parties and that the parties hereto would not have entered into this AGREEMENT without receiving the additional consideration offered by each party in binding itself, its agents and its employees to these restrictions. In the event of violation of any of these restrictions, each party shall be entitled to preliminary and permanent injunctive relief in addition to any other remedy.

11.2 Disputes with respect to this AGREEMENT shall be discussed and resolved, if possible, by authorized representatives of PRACTI-CAL and the DISTRICT. The parties hereby agree to use their best efforts to promptly resolve any such dispute. If, however, the parties are not successful in resolving such dispute within thirty days from the date such dispute arises, then either party shall be free to exercise any rights it might have under paragraphs 2.3, 2.4, 2.5 of this AGREEMENT or under the law without the necessity of seeking judicial cancellation of this AGREEMENT and without the necessity of a formal placing in default.

11.3 All notices required by or relating to this AGREEMENT shall be in writing and shall be sent to the parties to this AGREEMENT at their addresses set below unless changed from time to time, in which event each party shall notify the other in writing of such change. All such notice shall be deemed duly given if deposited, registered or certified mail, in the United States mail to: Practi-Cal, Inc. PO Box 981000 West Sacramento, CA 95798-1000

## **12. Liability and Insurance**

12.1 The parties agree to maintain in force errors and omissions insurance as may reasonably be required by the other party.

12.2 PRACTI-CAL agrees to hold harmless and indemnify the DISTRICT from any claim arising out of any act of omission or commission which is deemed to be caused by gross negligence and/or willful reckless conduct by PRACTI-CAL.

12.3 DISTRICT agrees to hold harmless and indemnify PRACTI-CAL from any claim arising out of any act of omission or commission which is deemed to be caused by gross negligence and/or willful reckless conduct by DISTRICT.

## **13. Miscellaneous Provisions**

- 13.1 This AGREEMENT comprises the entire AGREEMENT between the DISTRICT and PRACTI-CAL and may be amended only in writing and by mutual consent of both parties.
- 13.2 The headings, titles and sub-titles in this AGREEMENT have been inserted solely for convenient reference and shall be ignored in its construction.
- 13.3 This AGREEMENT has been negotiated and executed in the state of California and the laws of that state shall govern its construction and validity.
- 13.4 This AGREEMENT shall inure to and shall be binding upon the parties hereto, the successors and assigns of the DISTRICT and PRACTI-CAL.
- 13.5 The purpose of this AGREEMENT is not to be defeated by a narrow, technical construction of its provisions. This AGREEMENT shall be considered as an honorable undertaking and shall be subject to a liberal construction for the purpose of giving effect to the intentions of the parties hereof.
- 13.6 The waiver by either party of any breach or violation of any provision of this AGREEMENT shall not operate or be construed as a waiver of any subsequent breach or violation hereof.
- 13.7 If any provision of this AGREEMENT shall be held invalid or unenforceable, the remainder of this AGREEMENT shall nevertheless remain in full force and effect. If any provision is held invalid or unenforceable with respect to particular circumstances, it shall remain in full force and effect with respect to all other circumstances.

#### 14. California AB 1584 Compliance (Parties agree as follows)

- 14.1 Pupil records<sup>1</sup> obtained by PRACTI-CAL from DISTRICT continue to be the property of and under the control of the DISTRICT.
- <sup>1</sup> Pupil records include any information directly related to a pupil that is maintained by the DISTRICT or acquired directly from the pupil through the use of instructional software or applications assigned to the pupil by a teacher or other DISTRICT employees. Pupil records does not include de-identified information (information that cannot be used to identify an individual pupil) used by PRACTI-CAL, (1) to improve educational products for adaptive learning purposes and for customized pupil learning; (2) to demonstrate the effectiveness of the operator's products in the marketing of those products; or (3) for the development and improvement of educational sites, services, or applications
- 14.2 The procedures by which pupils may retain possession and control of their own pupil-generated content are outlined as follows: **Provide a written request to the District's Program Coordinator. The District's Chief Technology Officer will also consider the request with PRACTI-CAL to retain possession and control of the content where feasible.**<sup>2</sup>
- <sup>2</sup> Procedure provided will likely depend on the capability of the technology, provided by PRACTI-CAL. The information will likely have to be provided by PRACTI-CAL to demonstrate product compliance.
- 14.3 The options by which a pupil may transfer pupil-generated content to a personal account include: **A written request will be provided to the District's Program Coordinator and reviewed by the District's Chief Technology Officer detailing the content requested and the destination personal account information.**
- 14.4 Parents, legal guardians, or eligible pupils may review personally identifiable information in the pupil's records and correct erroneous information by the following protocol: **Parent or legal guardian will contact district to make a records request. District program coordinator will pull records from SpEdCare and provide to the parent. PRACTI-CAL will not provide records to parents.**

- 14.5 In the event of an unauthorized disclosure of a pupil's records, PRACTI-CAL shall report to an affected parent, legal guardian, or eligible pupil pursuant to the following procedure: **PRACTI-CAL will inform District's Chief Technology Officer and Program Coordinator of unauthorized disclosure.**
- 14.6 PRACTI-CAL shall not use any information in a pupil record for any purpose other than those required or specifically permitted by this AGREEMENT .
- 14.7 PRACTI-CAL certifies that a pupil's records shall not be retained or available upon completion of the terms of this AGREEMENT, except for a case where a pupil chooses to establish or maintain an account with PRACTI-CAL, for the purpose of storing pupil-generated content, either by retaining possession and control of their own pupil-generated content, or by transferring pupil-generated content to a personal account. Such certification will be enforced through the following procedure: **PRACTI-CAL will archive pupil data and deactivate active district logins. Since pupil data is contains medical records that are auditable by state and federal agencies, records must be stored by PRACTI-CAL to present for potential audits. Upon termination, only PRACTI-CAL Administrators will have access to these records. When records are destroyed, at the direction of the DISTRICT, PRACTI-CAL will provide written notice that pupil records have been destroyed and are not in PRACTI-CAL's possession upon completion of AGREEMENT.**
- 14.8 DISTRICT agrees to work with PRACTI-CAL to ensure compliance with FERPA and the parties will ensure compliance through the following procedure: **When presented, PRACTI-CAL will review, complete and agree to the Districts Statement of Compliance Form for Third Party Organizations and/or vendors.**

References: AB 1584; Cal. Educ. Code § 49073.1; 20 U.S.C. § 1232g

In WITNESS WHEREOF, the parties hereto have caused this AGREEMENT to be duly executed as of the date set forth herein.

For the DISTRICT

By: 

Name: Dusteen Nevatt

Title: Chief Business Officer

Date: 6-23-2022

For PRACTI-CAL

By: 

Name: Victoria Rohl Spitsyn

Title: CEO, Practi-Cal

Date: July 5, 2022

## **Exhibit A**

### **Practi-Cal Responsibility**

- Provide access to our claiming and reporting portal SpEdCare
- Provide access to our data and task management system
- Provide program related reporting to assist in program management
- Assign an experienced consultant and administrative assistant for remote program support who will be available via:
  - Phone
  - Email
  - Live webinar meetings
- Access to monthly newsletter with program updates
- Provide monthly Program Check-Up virtual meetings
- Automated submission reminders for mandated reports
- Practitioner Trainings
  - Live customized webinar trainings (PC, Mobile device)
  - Recorded Trainings (PC, Mobile device)
- Live webinar annual planning and compliance meeting
- Live coordinator and business webinars to assist with program processes such as CRCS and Compliance
- Process and transmit claims resulting from services entered in SpEdCare
- Process scanned paper claims submitted to our claims department (fee may apply, if services could have otherwise been entered into SpEdCare by practitioner)
- Process student data and CASEMIS tables for the purposes of Medi-Cal eligibility
- Follow-up on denied Medi-Cal claims and re-file claims when appropriate
- Maintain secure digital copies of district submitted claims, forms, documents, progress/case notes, etc. for the purposes of audit support.
- Provide periodic visual program performance reports to district leadership

## **Exhibit B**

### **District Responsibility**

- Assign a district coordinator, with enough staff hours to:
  - Ensure maximum program participation.
  - Complete Practi-Cal's annual Compliance Certification
  - Attend monthly Program Check-in meetings with Practi-Cal
  - Review all released announcements in SpEdCare.
  - Provide RMTS coding results and TSP lists for the purposes of completing CRCS
  - Respond timely to data or information requests by DHCS, Conduent and Practi-Cal
  - Maintain RMTS Code 2A documentation as required by DHCS
  - Encourage practitioners to timely record services using Practi-Cal's online software
  - Timely provide Practi-Cal with the required data elements to complete the following:
    - Cost Reimbursement and Comparison Schedule (Refer to section 5.1)
    - Annual Report
    - Provider Participation Agreement (new provider or evergreen year)
    - Data Use Agreement
  - Complete Practi-Cal's LEA Billing Coordinator training program, to ensure coordinators understand the responsibilities of the role of coordinator, compliance requirements and using SpEdCare.
- Maintain service documentation related to reimbursed services
- Ensure DHCS and CMS LBO compliance standards are met
- Provide to Practi-Cal
  - Quarterly Certified TSP list from Cost Pool 1
  - Periodic student database and special education service files
  - Copy of signed Physician-Based Standards for Speech-Pathology
- Maintain active and approved LEA Billing Option provider status with DHCS
- Provide Practi-Cal OHC / TPL providers when needed for the purposes of submitting reimbursable claims
- Update SpEdCare for students who Parental Consent has been denied
- Practi-Cal may be able to provide consultation and assistance in performing tasks for which the client is responsible (refer to fee schedule in Section 5.1)



## Alvord Unified School District LEA Medi-Cal Billing Funds Request Form

[CLICK HERE] for Funding Guidelines

**Name of Requestor:** Michelle Sebastian **Date:** 10/14/2022

**Department/Service Area:** LEA/Medi-Cal Mental Health Billing Option

**Site:** Special Education

<b>VENDOR NAME AND ADDRESS</b>	Regan Pope, School Psychologist, Licensed MFT N/A
<b>PHONE # OF VENDOR</b>	951-509-5169

<b>FUNDING GUIDELINES:</b>	<b>DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</b>	<b>QTY (each, hourly, etc)</b>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
1	Regan Pope, Licensed ORP with NPI to prescribe ERMHS therapy for Alvord students.	60.00	\$51.53	3,091.80
	Estimated Fixed Costs	1.00	749.76	749.76
	No Tax;			
			Subtotal	3,841.56
		Tax	8.75%	336.14
			Shipping	
	<b>TOTAL</b>			4,177.70

**Are other local/site funding resources available? If yes, please describe:** No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

Case Management Services -See statement attached.

Requested by (print name): Diane Tankersley Signature: Diane Tankersley

Approved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:

Budget Code:

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

Case Management Services-Medi-Cal guidelines for school-based counseling and Educationally Related Mental Health Services therapy require a prescription by a licensed ORP (Ordering, Referring, Prescribing professionals) with an NPI (National Provider Identifier) in order to bill for reimbursement. In an effort to continue to bill for reimbursement, the Special Education Department reached out to the staff for qualified, licensed professionals that would be willing to serve as the Alvord ORP. Regan Pope has agreed to review all referrals and prescribe the necessary therapy for the 2022-2023 school year. She has completed the required documentation working with Practi-Cal to ensure Alvord complies with Medi-Cal/DHCS regulations. This will allow the Alvord Unified School District to continue to participate in the area of the LEA Medi-CAL Billing Option Reimbursement Program.



**Alvord Unified School District**  
**LEA Medi-Cal Billing Funds Request Form**  
 [CLICK HERE] for Funding Guidelines

**Name of Requestor:** Michelle Sebastian **Date:** 10/14/2022

**Department/Service Area:** Speech/Language Supervision

**Site:** Special Education

<b>VENDOR NAME AND ADDRESS</b>	Joi Robinson Richardson, Hilary Ness N/A
<b>PHONE # OF VENDOR</b>	951-509-5159

<b>FUNDING GUIDELINES:</b>	<b>DESCRIPTION OF ITEMS REQUESTED</b> <i>(Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</i>	<b>QTY</b> <i>(each, hourly, etc)</i>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
1	1 x Clinical Fellowship Intern/Required Professional Year-Supervisor-8/1/22-6/2/23	100.00	\$51.53	5,153.00
	Estimated Fixed Costs (No Tax)	1.00	1,249.60	1,249.60
			Subtotal	6,402.60
		<b>Tax</b>	<b>8.75%</b>	560.23
			Shipping	
	<b>TOTAL</b>			6,962.83

**Are other local/site funding resources available? If yes, please describe:** No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

Case Management Services -See statement attached. Joi Richardson is the supervisor, but Hilary Ness covered while Joi was out on medical leave so Samantha De La Cruz wouldn't miss out on the hours needed to complete her licensing requirements.

Requested by (print name): Diane Tankersley Signature: Diane Tankersley

Approved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:

Budget Code:

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

Case Management Services – In order to be a qualified Medi-CAL related speech services provider who provides services to students and families, a Speech/Language Pathologist (SLP) must carry a State License to practice Speech/Language Pathology. In order to get a State License, an applicant must, among other things, acquire 36 weeks of full time professional experience (defined as 30-40 hours per week) with ten hours of direct supervision per month by a licensed SLP. The licensed SLP is also required to maintain their license (at a cost) and complete six hours of continuing professional development in supervision training and three hours every four years thereafter (at a cost).

**Alvord Unified School District**  
**LEA Medi-Cal Billing Funds Request Form**  
 [CLICK HERE] for Funding Guidelines

**Name of Requestor:** Marlene Simpliciano **Date:** 10/14/2022

**Department/Service Area:** Special Education Department

**Site:** Promenade E.S.

<b>VENDOR NAME AND ADDRESS</b>	Intelli-Tech 1652 Yeager Ave. La Verne, CA 91750
<b>PHONE # OF VENDOR</b>	909-394-5188

<b>FUNDING GUIDELINES:</b>	<b>DESCRIPTION OF ITEMS REQUESTED</b> (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) <i>Please stay within Funding Guidelines on page 2</i>	<b>QTY</b> (each, hourly, etc)	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
W1A79A	HP Color Laserjet Pro M479FDN MFP, P/C/S/F 28PPM, 250-SHT PAPER TRAY, 750-4K PAGES MONTHLY	9.00	818.00	7,362.00
W2020X	HP 414X BLACK TONER FOR M479 SERIES, ~7.5K	9.00	165.00	1,485.00
W2021X	HP 414X CYAN TONER FOR M479 SERIES, ~6K PGS	9.00	225.00	2,025.00
W2022X	HP 414X YELLOW TONER FOR M479 SERIES, ~6K	9.00	225.00	2,025.00
W2023X	HP 414X MAGENTA TONER FOR M479 SERIES, ~6K PGS	9.00	225.00	2,025.00
			Subtotal	14,922.00
		Tax	8.75%	1,305.68
			Shipping	
	<b>TOTAL</b>			16,227.68

**Are other local/site funding resources available? If yes, please describe:** No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

#10 Case Management Services - See attachment for rationale.

Requested by (print name): Marlene Simpliciano Signature: Marlene Simpliciano

Approved by (print name): Heather Goodwin Signature: Heather Goodwin

Budget Code:

Budget Code:

## Rationale for HP Laserjet Pro Printer/Copier/Scanner

The HP multifunction printers will be utilized at Promenade and Orrenmaa Elementary Schools Special Education classes and programs. They will be used to support the School Psychologist, Speech Therapists, Education Specialists, and Special Education teachers at both sites in providing reports and keeping accurate and concise records of attendance and data. In addition, it will facilitate IEP meetings, documentation, Medi-Cal billing, dissemination of progress reports, and assessment reports to all stakeholders. Furthermore, service providers will have an instrument when printing, copying, and scanning IEPs and relevant documentation to adhere to legal requirements of the state. To facilitate parent involvement, communication, therapy, and homework materials will be provided to parents, teachers, service providers and other IEP team members.

# Intelli-Tech

1652 Yeager Ave.  
 La Verne, CA 91750  
 (909) 394-5186  
 fax (909) 394-5190

# SALES QUOTE

DATE	QUOTATION NO.
10/12/22	HH101222B-SN

CONTACT	BILLING	ACCOUNT TEAM
Heather	ALVORD UNIFIED SCHOOL DISTRICT 9 KPC PARKWAY CORONA, CA 92879 ATTN: ACCOUNTS PAYABLE	Brad Wendel 909-394-5188 <a href="mailto:TeamBrad@intelli-tech.com">TeamBrad@intelli-tech.com</a> Sandy Nguyen

TICKET #	SHIP	PURCHASE ORDER NO	TERMS
8973	ALVORD UNIFIED SCHOOL DISTRICT 10365 KELLER AVE RIVERSIDE, CA 92505 ATTN: WAREHOUSE		NET 30
		DEPARTMENT	FOB
		PROM	Freight

#	Qty	Part No.		ETA	Price	Extended
1	9	W1A79A	HP COLOR LASERJET PRO M479FDN MFP, P/C/S/F 28PPM, 250-SHT PAPER TRAY, 750-4K PAGES MONTHLY	DUE	\$ 818.00	\$ 7,362.00
2	9	W2020X	HP 414X BLACK TONER FOR M479 SERIES, ~7.5K PGS	7 DAYS	\$ 165.00	\$ 1,485.00
3	9	W2021X	HP 414X CYAN TONER FOR M479 SERIES, ~6K PGS	7 DAYS	\$ 225.00	\$ 2,025.00
4	9	W2022X	HP 414X YELLOW TONER FOR M479 SERIES, ~6K PGS	7 DAYS	\$ 225.00	\$ 2,025.00
5	9	W2023X	HP 414X MAGENTA TONER FOR M479 SERIES, ~6K PGS	7 DAYS	\$ 225.00	\$ 2,025.00

Sub-total	\$ 14,922.00
Sales Tax 8.75%	\$ 1,305.68
Ewaste	
Estimated Shipping	\$ -
<b>Grand Total</b>	<b>\$ 16,227.68</b>

**NOTE: QUOTE GOOD FOR 30 DAYS**

Name	Email	School Site	Room#
Marlene Simpliciano	marlene.simpliciano@alvordschools.org	Promenade	Room 11
May Al-Merry	may.al-merry@alvordschools.org	Promenade	Room 12
Ayarit Baez	ayarit.baez@alvordschools.org	Promenade	Room 23
Celine Monninger	celine.monninger@alvordschools.org	Promenade	Room 12
Eric Burris	eric.burris@alvordschools.org	Promenade	R
Dotie Blase	mary.blase@alvordschools.org	Orrenmaa	Rm 4
Angel Lomeli	angel.lomeli@alvordschools.org	Promenade	Room 7
Soha Sjostrom	soha.sjostrom@alvordschools.org	Orrenmaa	Room 17
Alisa Tumbleson	alisa.tumbleson@alvordschools.org	Promenade	Room 6

10/6/2022

**Re: Printer/Copier/Scanner**

The names above are the teachers and service providers requesting for printers/copiers/scanners from Promenade and Orrenmaa Elementary.

Please see link below for the preferred model.

<https://www.amazon.com/HP-LaserJet-Multifunction-M479fdn-Next-Business/dp/B07Z13XXM3?th=1>

## Alvord Unified School District LEA Medi-Cal Billing Funds Request Form

[CLICK HERE] for Funding Guidelines

Name of Requestor: Sara Wheaton Date: 10/11/2022

Department/Service Area: Special Education/RSP

Site: RMK E.S.

<b>VENDOR NAME AND ADDRESS</b>	Formative Loop 8809 Silverarrow Circle Austin, TX 78759
<b>PHONE # OF VENDOR</b>	800-430-3707

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED <small>(Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</small>	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
Academic Support Services	Math support program: daily practice, formative loop website to assess and track student progress	30.00	7.00	210.00
			Subtotal	210.00
		Tax	8.75%	18.38
			Shipping	
	<b>TOTAL</b>			228.38

Are other local/site funding resources available? If yes, please describe: No

**Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.**

An Academic Support resource which will provide students with individualized daily math practice at their instructional level which then leads to progress monitoring via the formative loop website. Further assessment/practice opportunities are provided based on student progress. This will be utilized in our RSP program to support math progress and IEP goals.

Requested by (print name): Sara Wheaton Signature: Sara Wheaton

Approved by (print name): Jason Burns Signature: Jason Burns

Budget Code:

Budget Code:

## [From Outside] Formative Loop quote for Rosemary Kennedy (Alvord Unified)

Formative Loop <support@formativeloop.com>

Tue 10/11/2022 10:10 AM

To: Sara Wheaton <Sara.Wheaton@alvordschools.org>

**CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.**

### Quote for Rosemary Kennedy (Alvord Unified), Free Trial

*Sara Wheaton, Specialist*

*sara.wheaton@alvordschools.org, 9513581655*

*10/11/2022 (via social media)*

Thanks for your interest in Formative Loop! We've been helping schools everywhere improve their math scores. We look forward to partnering with your school and are confident you will see success!

Item	# Students	Price per student	Total
Formative Loop Math, 08/01/2022 - 07/31/2023	30	\$7.00	\$210.00
<b>Grand Total</b>			<b>\$210.00</b>

Intended Usage:

*I'm a special education teacher who provides pull-out intervention support for students in grades K through 5th. I have really enjoyed the free trial, but work at a title 1 school on a tight budget.*



Questions? [info@formativeloop.com](mailto:info@formativeloop.com) or call 1-800-430-3707

Pay with Credit Card

Start a Purchase Order

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