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

Name of Requesto	or: Kim	Rector	Date:	01/09/2023		
Department/Service	ce Area: Studer	nt Services				
Site: Health Services						
VENDOR NAME		School Health				
AND ADDRESS		5600 Apollo Drive Rolling Meadows, III 60	008			
PHONE # OF VENI	DOR	866-323-5465				
FUNDING GUIDELINES:	(Attach vendor	TION OF ITEMS REQ	d, website	QTY (each,	AMOUNT	TOTAL AMOUN
	in the decision	y additional information the making process) <i>Please</i> <i>lines on page</i> 2		t hourly, etc)		
1	Computerized C Nurses, 4th Editi	lassroom Health Care Plan ion - PC Version	s for School	1.00	99.62	99.62
					Subtotal	99.62
				Tax	8.75%	8.72
					Shipping	12.95
			TOTA	L		121.29
Describe how the Education/Health	materials and programs. Ple	ources available? If y for services requeste ase reference the sp 100 health care plans on C nts' health care plans. This	ed are sup ecific guid	plemental to lelines the p in print. Design	o school Sporoposal sup	oports. dualized by
Requested by (print	name): Kim Re	ctor, RN	Signature	Kim Rec Chad Fre	tor, RN	
Approved by (print r	name): <u>Chad F</u>	reeman	_Signature:	Chad Fre	eman	
Budget Code: Budget Code:						



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

### QUOTE

EXPIRATIO		TE NO.	
03/10/2	23	4154	070-00
DATE	P.O. #		PAGE#
01/09/23	HLTH SUPP 1/9		1

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

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

QUOTE PREPARED BY PHONE EMAIL AGallagher@SchoolHealth.com Amy Gallagher

INSTRUCTIONS SHIP POINT SHIPPED TERMS **UPS GROUND** NET 30 SCHOOL HEALTH PRODUCT QUANTITY QTY. UNIT PRICE DISCOUNT AMOUNT MULTIPLIER LN AND DESCRIPTION **ORDERED** UM PRICE UM (NET) 90559 **EACH** 99.62 EACH 0.00 99.62

COMP CLASROOM HLTHCARE MICROSOFT WORD

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 99.62 Freight 12.95 Taxes 8.73 Invoice Total 121.30

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.

Last Page

# **Alvord Unified School District** LEA Medi-Cal Billing Funds Request Form [CLI CIKERE] for Funding Guidelines

Name of Requesto	or: Dianne	Cheney	Date:	01/10/2023			
Department/Servi	ce Area: Stude rt	S ervic es					
Site: Health Services		***	<del></del>				
VENDOR NAME AND ADDRESS		P.O. Box 2767	School Health Services A Nursing Corporation P.O. Box 2767 Riverside, Ca. 92516				
PHONE # OF VEN	DOR	951-788-9564					
FUNDING GUIDELINES:	(Attach vendor of print out or any	ION OF ITEMS REquote for items requesadditional informational informational informational process) Pleasages on page 2	sted, website n that will assis	QTY (each, hourly, etc)	AMOUNT	TOTAL	
1b	14 Schools-2 scho	pols per day 2 screene	rs-Vision and	14.00	100.00	1,400.00	
1b	<del></del>	make up days-Addition	anal Hours	56.00	75.00	4,200.00	
1b		g make up days-screer		56.00	35.00	1,960.00	
				Tax	Subtotal 8.75%	7,560.00	
					Shipping	0.00	
			TOTA	L		7,560.00	
Describe how the Education/Health   Contracting School Hea students. The nurses cabenefit to our students a enhancing student servi	materials and/o programs. Plea Ith Services allows in proceed with app	or services requests reference the statement of the state	sted are sup specific guid ive hearing and obtain services	plemental to delines the p vision results to in the 2022/202	o school Spo proposal sup or previously ab 3 school year. I	pports. sent ts a great	
Requested by (print	name): Dianne (	Cheney	Signature	: Dianne C : Chad Fre	heney		
Approved by (print i	name): Chad Fre	eeman	Signature	:_ Chad Fre	eman		
Budget Code: Budget Code:							

### **School Health Services**

P.O. Box 2767 Riverside, CA 92516

### **Estimate**

Date	Estimate #
1/10/2023	195

# Name / Address Alvord Unified School District PO (C- 22/23) 9 KPC Parkway Corona, CA 92879

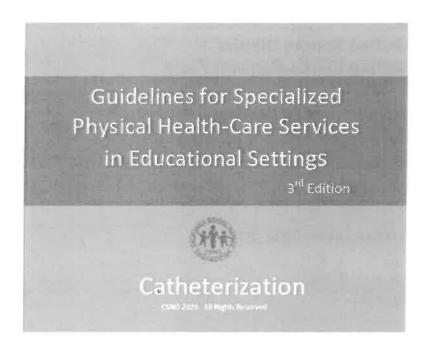
Phone # (951) 778-9564

Item	Description	Qty	Cost	Total
Hourly 2-Hr Min	14 schools - 2 schools per day - 2 screeners - Vision and Hearing Make Up Days	14	100.00	1,400.00
Hourly - Additional Hrs	14 schools - 2 schools per day - 2 screeners - Vision and Hearing Make Up Days	56	75.00	4,200.00
Screening Assistant	14 schools - 14 schools - 2 schools per day - 2 screeners - Vision and Hearing Make Up Days	56	35.00	1,960.00

Thank you for your consideration, School Health Services, A Nursing Corporation 951-778-9564	Total	\$7,560.00

# **Alvord Unified School District** LEA Medi-Cal Billing Funds Request Form [C LICHERE] for Funding Guidelines

Name of Requesto	r: Dianne	Cheney	Date: _01	/06/2023		
Department/Service	e Area: Student	t Services				
Site: Health Services						
VENDOR NAME AND ADDRESS		C aliforia School Nurs 3511 Del Paso Rd. Suite 160 Sacramento, C a9583		)		
PHONE # OF VENI	OOR	916-448-5752				
FUNDING GUIDELINES:	(Attach vendor print out or any	TION OF ITEMS REC quote for items request additional information making process) <i>Please</i> ines on page 2	ed, website that will assist	QTY (each, hourly, etc)	AMOUNT	TOTAL
1		ysical Health C ar <b>&amp;</b> ervio on download modules.	ces in Education	11.00	32.00	352.00
		1111				
				Tax	Subtotal 8.75%	352.00
					Shipping	0.00
			TOTAL			352.00
	materials and/ programs. Plea	or services request ase reference the s es in Education Settings	ted are supple pecific guidel	emental to	o school Spe proposal sup	ports.
Requested by (print	name): Dianne	C hreey	_ Signature:_ Signature:_	Dianne C	heney	
Approved by (print r	ame): _Chad Fr	reeman	_Signature:_	Chad Fre	eman	
Budget Code: Budget Code:						



# Catheterization module (immediate download) Released in 2020

Store / Guidelines for Physical Health-Care Services in Educational Settings-2020-2022

\$32.00

Pricing options

Member price

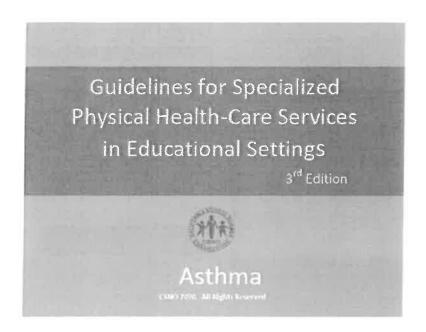
Non-member price (+\$72.00)

Quantity:

Add to Bag

Product Details

CATHETERIZATION MODULE: SPECIALIZED PHYSICAL HEALTH CARE PROCEDURE IN EDUCATIONAL SETTING-(DIGITAL MEDIA LINK)



# Asthma module (immediate download) Released in 2020

Store / Guidelines for Physical Health-Care Services In Educational Settings-2020-2022

\$32.00

Pricing options

Member price

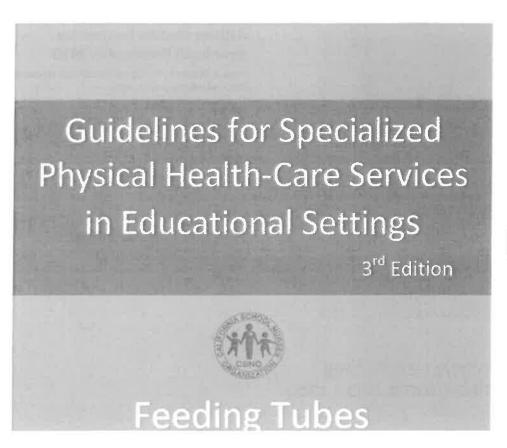
Non-member price (+\$72.00)

Quantity: 1

Add to Bag

**Product Details** 

ASTHMA MODULE: SPECIALIZED PHYSICAL HEALTH CARE PROCEDURE IN EDUCATIONAL SETTING-(DIGITAL MEDIA LINK)



# Feeding Tubes module (immediate download) Released in 2021

Store / Guidelines for Physical Health-Care Services in Educational Settings-2020-2022

\$32.00

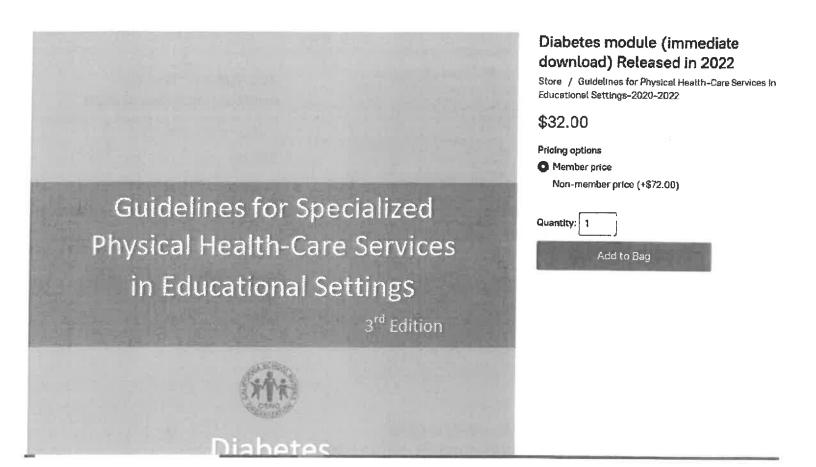
Pricing options

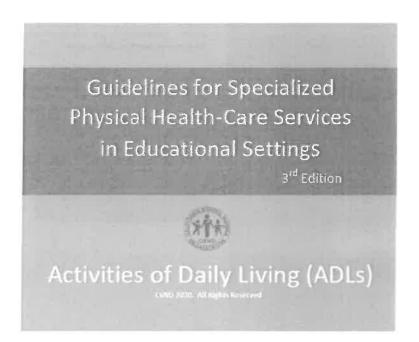
Member price

Non-member price (+\$72.00)

Quantity: 1

Add to Bag





# ADL module (immediate download) Released in 2020

Store / Guidelines for Physical Health-Care Services In Educational Settings-2020-2022

\$32.00

Pricing options

Member price

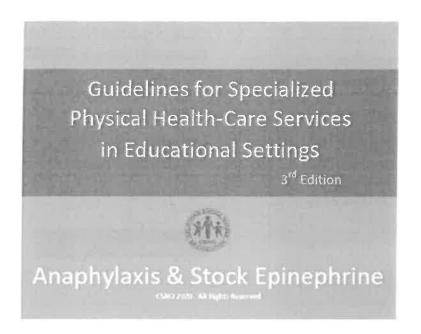
Non-member price (+\$72.00)

Quantity: 1

Add to Bag

Product Details

ADL MODULE: SPECIALIZED PHYSICAL HEALTH CARE PROCEDURE IN EDUCATIONAL SETTING-(DIGITAL MEDIA LINK)



# Anaphylaxis & Stock Epi module (immediate download) Released in 2020

Store / Guldelines for Physical Health-Care Services in Educational Settings-2020-2022

\$32.00

Pricing options

Member price

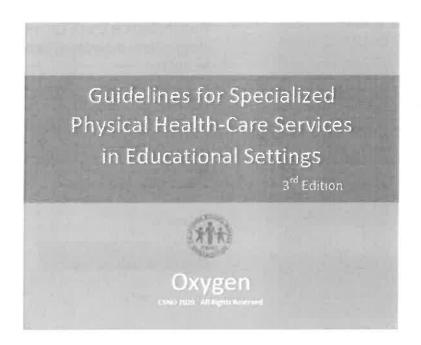
Non-member price (+\$72.00)

Quantity: 1

Add to Bag

Product Details

ANAPHYLAXIS & STOCK EPI MODULE: SPECIALIZED PHYSICAL HEALTH CARE PROCEDURE IN EDUCATIONAL SETTING-(DIGITAL MEDIA LINK)



# Oxygen module (immediate download) Released in 2020

Store / Guidelines for Physical Health-Care Services in Educational Settings-2020-2022

\$32.00

Pricing options

Member price

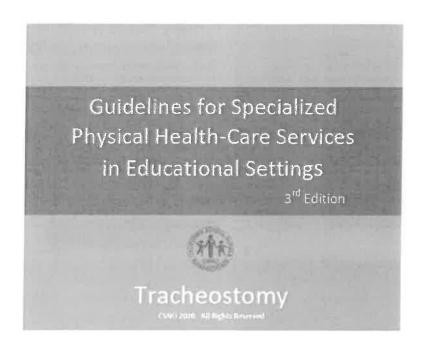
Non-member price (+\$72.00)

Quantity: 1

Add to Bag

**Product Details** 

OXYGEN MODULE: SPECIALIZED PHYSICAL HEALTH CARE PROCEDURE IN EDUCATIONAL SETTING-(DIGITAL MEDIA LINK)



# Tracheostomy module (immediate download) Released in 2020

Store / Guidelines for Physical Health-Care Services in Educational Settings-2020-2022

\$32.00

Pricing options

Member price

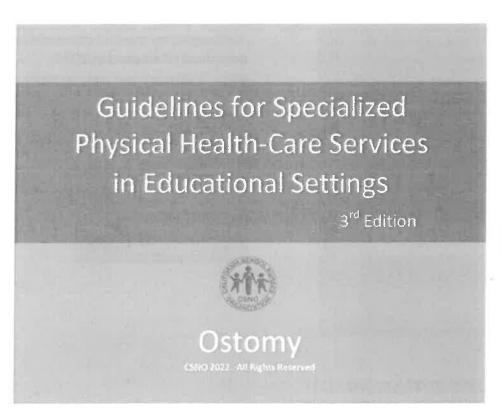
O Non-member price (+\$72.00)

Quantity: 1

Add to Bag

Product Details

TRACHEOSTOMY MODULE: SPECIALIZED PHYSICAL HEALTH CARE PROCEDURE IN EDUCATIONAL SETTING-(DIGITAL MEDIA LINK)



# Ostomy module (immediate download) Released in 2022

Store / Guidelines for Physical Health-Care Services In Educational Settings-2020-2022

\$32.00

Pricing options

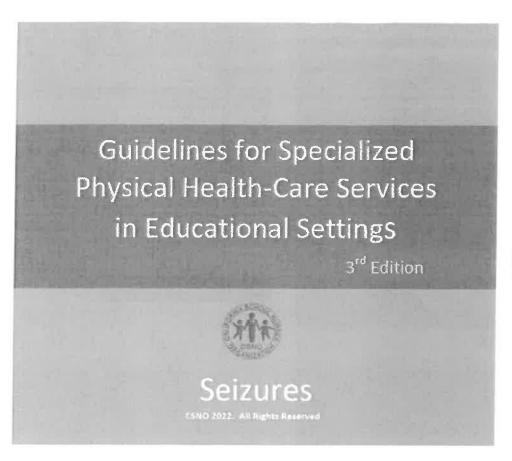
Member price

Non-member price (+\$72.00)

Quantity: 1

Add to Bag

**Product Details** 



# Seizures module (Immediate download) Released in October 2022

Store / Guidelines for Physical Health-Care Services in Educational Settings-2020-2022

\$32,00

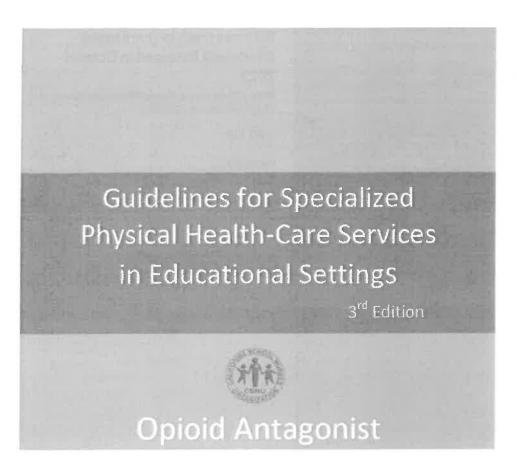
Pricing options

Member price

Non-member price (+\$72.00)

Quantity: 1

Add to Bag



# Opioid Antagonist module (immediate download) Just released!

Store / Guidelines for Physical Health-Care Services in Educational Settings-2020-2022

\$32.00

Latest module

Pricing options

Member price

Non-member price (+\$72.00)

Quantity: 1

Add to Bag

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

Name of Requestor: SANDY FIELDING Da				Date: 01/11/2023			
Department/Servi	ce Area: OFFIC	E OF SCHOOL SAFE	ΤΥ				
Site: Human Resour	rces						
VENDOR NAME AND ADDRESS		MFASCO PO BOX 386 ROSEVILLE, MI 48	066-0386				
PHONE # OF VEN	DOR	800-221-9222					
FUNDING GUIDELINES:	(Attach vendor print out or any	TION OF ITEMS R quote for items reque additional informatio making process) Ples	ested, website on that will assist	QTY (each, hourly, etc)	AMOUNT	TOTAL	
1F	STOP THE BLEE	ED TRAUMA KIT: Inclutourniquet, chest seal		1,500.00	56.44	84,660.00	
	quick clot dressin	g, emergency blanket,	instruction				
					Subtotal	84,660.00	
				Tax	8.75%	7,407.75	
					Shipping	0.00	
			TOTAL			92,067.75	
Describe how the Education/Health   SCHOOLS WERE PREKIT FOR EACH CLASS	materials and/ programs. Plea	or services reque ase reference the ED A FEW TRAUMAK	sted are supp specific guide KITS PER SITE.	lemental to elines the p	school Spe roposal sup	ports.	
Requested by (print	name): SANDY	FIELDING	_ Signature.	56	5		
Approved by (print r	name): Nicholas	Hilton	Signature:_	Mick Hilto	PM		
Budget Code:							



P O Box 386 Roseville MI 48066-0386 800 221 9222 www.mfasco.com

### **Estimate**

Acct. No.	Date	Quote #
3158064	1/5/2023	SQ62222

Bill To	Ship To
Accounts Payable Department Alvord Unified School District 9 KPC Parkway Corona CA 92879	Julie Bostrom Alvord Unified School District 9 KPC Parkway Corona CA 92879

				Expire	s	Shippir	ng Method
				3/6/2023		UPS® Gr	ound
Item #	Quantity	Units	Description		Rate	Tax	Amount
3761	1,500	Ea	Stop The Bleed Pack GCAT 5 Advanced		56.4	14 Yes	84,660.00
				Subtotal Shipping Cost (UPS® Ground) Total		84,660.00 0.00 \$84,660.00	

PLEASE CONTACT CUSTOMER SERVICE FOR ADDITIONAL INFORMATION



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

Name of Requesto	or: Daniel	Guirao	_ Date: _0	1/13/2023		
Department/Servi	ce Area: Occupa	tional Therapy				
Site: Special Educati	on		_			
VENDOR NAME AND ADDRESS		Careerfull LLC P.O. Box 125 Mineral Spi	rings NC 28	108		
AND ADDRESS		1.0. Box 123 William Spi	mgs, NO 20	100		
PHONE # OF VEN	DOR	626-833-9004				
FUNDING GUIDELINES:		TION OF ITEMS REQU		QTY (each,	AMOUNT	TOTAL
GOIDELINES.	print out or any	additional information that making process) <i>Please</i> s	at will assist	hourly, etc)		AMOUN
Α	Best Practices for Conference Regis	School Based OT 8th Ann Stration Fee	ual	6.00	260.00	1,560.00
В	Meals			6.00	112.00	672.00
В	Mileage			6.00	56.33	337.98
					Subtotal	2,569.98
				Tax	8.75%	
					Shipping	
			TOTAL			2,569.98
Describe how the Education/Health	materials and/oprograms. Plea	urces available? If ye or services requested ase reference the spe gain additional training in di taff to support special educ	d are supp cific guide	elemental to	o school Spe proposal sup	ports.
Requested by (print	t <b>name)</b> : <u>Daniel G</u>	Guirao	Signature:	Daniel Gu Mi chelle	uira <b>o</b>	
Approved by (print	name): Michelle	Sebastian	Signature:	Mi chelle	Sebastian	
Budget Code: Budget Code:						



# Best Practices in School-Based OT 8th Annual Conference

March 3-4, 2023

Hotel Lulu (formerly the Red Lion) 1850 S. Harbor Boulevard Anaheim, CA 92802



Scan to Register Online!

# Please join us for our 8<sup>th</sup> annual conference that specifically addresses school-based OT!

This two-day conference includes professional, interactive, evidence-based presentations for OTs with any level of school-based experience.

. We offer In-Person and Virtual options, Two-Day and One-Day Registration, and Group Discounts.

Anticipated contact hours: 6hrs/day, 12hrs for full conference

### **REGISTRATION FEES**

IN- PERSON	Individual	Group Rate (2 or more from same organization)	Student
	\$235	\$210	\$75
One Day			
Full Conference	\$285	\$260	\$75

	Non-	Students
VIRTUAL	Students	
One Day	\$185	\$75
Full	\$235	\$75
Conference		

Registration can be submitted via email, mail, fax or on-line Purchase orders are accepted, payment must be received by 02/24/23

- CE requirements, required at the end of each conference day: Attendance (documented using sign-in/out sheets for in-person and log-in/out records for virtual) and completion of a post-conference evaluation.
- Upon completion of all requirements, certificates will be distributed within two weeks of the conference via U.S. mail or email.
- Discounted rooms at Hotel Lulu: \$159/nt (not including taxes and fees, must be reserved by 1/29/23).
   Reservation link: <a href="https://bit.lv/3BO3Bt1">https://bit.lv/3BO3Bt1</a>



Scan for Hotel Reservations

EVENT SCHEDULE Times indicated are Pacific Standard Time Zone (PST)

The Best Practices in School-Based OT Annual Conference is coordinated and hosted by Careerfull LLC, P.O. Box 125, Mineral Springs NC 28108, (626) 833-9004, careerfull4me@gmail.com

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Monica Monte Jackman GTU, MMB, GTB/1.

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The Rant Practices in School-Read CT Armost Conference is no Springs InC 20108, 0005 933-9004, executivities in passification



Best Practices in School-Based OT 8th Annual Conference March 3-4, 2023

Hotel Lulu (formerly the Red Lion) 1850 S. Harbor Boulevard Anaheim, CA 92802

### **REGISTRATION FORM**

Email:info@schoolotconference.com

Fax: 888-655-1949

Careerfull LLC Mail:

P.O. Box 125

Mineral Springs, NC 28108

Event Website: www.schoolotconference.com

\*\*\*Purchase Orders will be accepted with registration forms, however, payment must be received on or before 2/24/23.\*\*\*

NAME TITLE (To be included o	n name badge – OT, COTA, PT, etc.)_	
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	E-MAIL_	
SCHOOL DISTRICT or	ORGANIZATION	
(Students only) School N	ame	
	dations and/or equipment you requir	e related to accessibility:
·		
	REGISTRATION FEES	*Anticipated Contact Hours:
	Crown Pote	61day 12/full conforme

	REGISTRATION FEES				
IN- PERSON*	Individual	Group Rate (2 or more from same organization)	Student		
One Day					
(Circle One)					
Fri Sat	\$235	\$210	\$75		
Full					
Conference	\$285	\$260	\$75		

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VIRTUAL*	Non-	Students
	Students	
One Day	\$185	\$75
Full	\$235	\$75
Conference		

☐ CREDIT CARD			
Credit Card Number	Exp Date		
Card Holder	Card Type:	Visa	MC
Card Holder Signature			
☐ CHECK (Make checks payable to Careerfull LLC)			
☐ PURCHASE ORDER (Payment must be received on a	or before 2/24/23, payable to	Careerful	ll LLC)

Cancellations received via mail, email, or fax on or before 02/24/23 are refundable, less a \$25 administrative charge per registrant. There are no refunds for cancellations received after 02/24/23. Registrants are liable for payment if they register but do not attend. Substitutions are accepted, however, advance notice would be greatly appreciated. In the event the conference is cancelled, registration fees will be refunded.

### Hotel Information

Careerfull LLC will be hosting the 8th Annual Best Practices in School-Based OT Conference at Hotel Lulu in Anaheim, CA. A block of rooms for conference guests has been reserved at a discounted rate of \$159/nt (not including taxes and fees). Reservations must be made by 01/29/23 to receive group discount. Hotel guests will be responsible for overnight parking charges. Reservation must be accompanied by a first night room deposit or guaranteed with a major credit card. A cancellation less than 72 hours prior to arrival will result in a charge equal to one night's room and tax. Reservation link: https://bit.ly/3BO3Bt1

The Best Practices in School-Based OT Annual Conference is coordinated and hosted by Careerfull LLC, P.O. Box 125, Mineral Springs NC 28108, (626) 833-9004, careerfull4me@gmail.com

Rev. 01/23

# Careerfull LLC

### **OUOTE**

**Date:** 01/12/23

**Amount Due:** \$1,560.00

### Payable to:

Careerfull LLC P.O. Box 125 Mineral Springs, NC 28108 Tax ID: 88-0590954

### **Description:**

Alvord USD

Registration Fee for:

Cassandra Ledesma – Full Conference/Group Discount \$260.00 Daniel Guirao – Full Conference/Group Discount \$260.00 Phaedra Giannini – Full Conference/Group Discount \$260.00 Monique Le – Full Conference/Group Discount \$260.00 Monica Gomez – Full Conference/Group Discount \$260.00

Deanna Hicks - Full Conference/Group Discount \$260.00

"The Best Practices in School-Based OT 8<sup>th</sup> Annual Conference" March 3-4, 2023 Hotel Lulu 1850 South Harbor Blvd. Anaheim, CA 92802

Please let us know if you need any additional information. Thank you.

Sincerely,
Alicia Stufoso
Careerfull LLC

P.O. Box 125, Mineral Springs NC 28108

Ph: 626-833-9004 Fax: 888-655-1949

Email: <u>info@schoolotconference.com</u>
Website: www.schoolotconference.com

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

Name of Requeste	or: Zulma	Nardino	Date: _	12/15/2022		
Department/Servi	ce Area: Riversio	de County Physicians N	Memorial Founda	tion		
Site: Student Service	es					
			<del></del> 2			
VENDOR NAME		Riverside County Ph	ysicians Memori	al Foundation		
AND ADDRESS		P.O. Box 2425 Riverside, CA 92516				
PHONE # OF VEN	DOR	951-686-1976				
FUNDING GUIDELINES:	(Attach vendor print out or any	FION OF ITEMS RE quote for items reques additional information making process) Pleas ines on page 2	sted, website n that will assis	QTY (each, hourly, etc)	AMOUNT	TOTAL
Education Code Section 8804(g).	Project Kind 2022	2-23 Services: See attac	ched MOU	1.00	\$50,000.00	50,000.00
Article II, Section 8						
					Subtotal	50,000.00
				Tax	8.75%	10.00
			TOTA	L	Shipping	50,000.00
Describe how the Education/Health I am not aware of any of head lice services.	materials and/ programs. Plea	or services reques ase reference the s	sted are supp specific guid	olemental to	o school Sp proposal su	ports.
Requested by (prin	t name): Martha	Munoz	_ Signature:	Martha M	1un•2	= <u> </u>
Approved by (print	name): _Chad Fr	eeman	Signature:	Martha M Chad Fre	eman	
Budget Code: Budget Code:						

ารต่องเมริงกัน Training ลายการเพาะ 17 ค.ก. C มารูกิกกัน นอดีสารตัน และ แบบไป ที่ กับ ค.ศ.

พิกิร์ง (สาย การตาย เกียร์ เก

- C. Ensure children treatment plans are case managed properly and treatment completed whenever possible.
- D. Maintain constant communication with DISTRICT nurses and update on new participating providers and services. Inform DISTRICT nurse of outcome of Intake Form generated to FOUNDATION.
- E. Ensure PHI is protected by following HIPPA security guidelines.
- F. Ensure all employees and volunteers who have access to DISTRICT children information are fingerprinted and cleared by the Department of Justice.
- G. Attend and serve on DISTRICT SARB hearings .
- H. Attend LEA monthly meetings and update collaborative on FOUNDATION events and news.
- DISTRICT shall undertake the following:
  - A. Identify qualified children with acute medical, dental and/or vision need and generate Intake Form to FOUNDATION.
  - B. Provide contact information for referred children and parents.
  - C. Ensure PHI is protected by following HIPPA security guidelines.
  - D. Encourage DISTRICT Nurses to attend FOUNDATION coalition meetings.
  - E. Connect FOUNDATION leadership staff to any DISTRICT departments that would benefit from FOUNDATION services and partnership.
  - F. Invite FOUNDATION leadership staff to DISTRICT department meetings where funding may be available in support of FOUNDATION.
  - G. DISTRICT commits to supporting PK with a funding contribution of \$50,000.00 for the 2022-2023 school year for PK services to AUSD students.

Novacty Dassach		
Dolores L. Green Executive Director Riverside County Physicians Memorial Foundation	Alisha Fogerty Chief Business Officer Alvord Unified School District	
12/13/2022		
Date	Date	

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

Name of Request	or: Régan	Pope	Date: _	01/11/2023		
Department/Servi	ce Area: Psychol	ogist Department				
Site: Special Educat	tion					
VENDOR NAME AND ADDRESS		WPS Publish ATTN: Melissa Prejean 625 Alaska Ave. Torrance, CA 90503				
PHONE # OF VEN	DOR	424-201-8806				
FUNDING GUIDELINES:	(Attach vendor of print out or any	TION OF ITEMS REQUES quote for items requested, we additional information that we naking process) Please stay nes on page 2	ebsite vill assist	QTY (each, hourly, etc)	AMOUNT	TOTAL
Article II, sec. 8		2-day ADOS-2 training for Mod	dules:			
Assessments/Testing	<u> </u>	irst 25 participants)		1.00	12,000.00	12,000.00
	Additional particip			21.00 1.00	400.00 2,595.00	8,400.00 2,595.00
					Subtotal	22,995.00
				Tax	8.75%	2,012.06
				Ida	Shipping	259.50
			TOTAL		Ompping	25,266.56
Describe how the Education/Health The Autism Diagnostic assess social and communications	materials and/o programs. Plea Observation Schede nunicative behavior cally conduct the AD	or services requested a se reference the specifule, 2nd Ed. (ADOS-2) is a ser in children with autism. Train OS-2 together, is recommended eligibility of Autism.	re suppic guide	plemental to elines the p red observation	o school Spe proposal sup on instrument us s and speech p	ports. sed to athologists
Requested by (prin	t name): <u>Régan P</u>	ope Sig	nature:	Régan Poj Michelle S	DE	
Approved by (print	name): Michelle	Sebastian Sig	nature:	Michelle S	Sebastian	
Budget Code:						
Budget Code:						

The Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) improves an instrument already viewed as "the gold standard" for observational assessment of autism spectrum disorder (ASD). WPS offers 2-day workshops that teach you how to use the ADOS-2 to assess and diagnose autism. Experienced workshop leaders describe the ADOS-2 and demonstrate administration and scoring, operationalizing diagnostic criteria for ASD. You'll have the opportunity to practice scoring while observing an ADOS-2 administration. The workshop focuses primarily on Modules 1 through 4. Attendees are given materials to study later in order to complete training in the Toddler Module. This workshop is for professionals unfamiliar with the ADOS-2. Clinicians already trained in the ADOS can update their skills by reviewing the ADOS-2 Manual and completing the ADOS-2 Training Video Program Upgrade (LMS-606).

### **Learning Objectives**

After completing this workshop, you will be able to:

- Distinguish the key features of the ADOS-2 approach, including the rationale for the approach and how it enhances autism assessment
- Clarify use of the ADOS-2 for operationalizing diagnostic criteria for autism spectrum disorders
- Differentiate how to select the most appropriate ADOS-2 module
- Distinguish administration procedures for the ADOS-2

- Demonstrate a basic understanding of how to apply ADOS-2 codes
- Demonstrate a basic understanding of how to score ADOS-2 algorithms
- Interpret the basic psychometric support for the ADOS-2
- Examine issues in the clinical application of ADOS-2 results

### **Educational Level**

Intermediate

### **Participants**

These workshops are designed for both clinicians and researchers. For clinicians with a prior background in autism and formal testing, this 2-day workshop is sufficient to support use of the ADOS-2 to inform the diagnosis of autism and autism spectrum disorders. Physicians, psychologists, occupational therapists, and speech-language pathologists will be better prepared to make educational placement decisions and evaluate programs after completing the workshop. Individuals with less background in testing but who provide service for individuals and families affected by autism may take the workshop for informational purposes. For researchers, this workshop is prerequisite to more thorough training offered by the ADOS-2 authors and designed to achieve the high cross-site inter-rater reliability required in published research.

### Instructors

Each WPS ADOS-2 Clinical Workshop is taught by ADOS-2 Independent Trainers. These trainers have completed the initial clinical and research trainings, established reliability on the instrument, and completed additional training with the authors and/or their colleagues. Course evaluations by workshop participants routinely indicate that WPS ADOS-2 instructors receive high praise for their content knowledge and presentation skills.

Please contact WPS for details about the specific instructor who will be teaching the course in which you plan to enroll. In the case of unforeseen circumstances, WPS reserves the right to change instructors without prior notice.

### **Disclosures**

WPS is the publisher of the ADOS-2 and the CE provider for the WPS ADOS-2 Clinical Workshop. Each ADOS-2 workshop instructor receives an honorarium from WPS (and travel reimbursement, if applicable) for teaching the training course. Instructors who are also authors of ADOS-2 materials may additionally receive royalties for the sale of the ADOS-2. Instructors are required to disclose such information in advance of the workshop.

### **Special Needs Requests**

WPS will make accommodations in accordance with the Americans with Disabilities Act (ADA). If you require specific accommodations, please email courses@wpspublish.com prior to or at the time of course registration so that appropriate arrangements can be made.

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Tel: (424) 201-8800 Tel: (800) 648-8857

Fax: (424)-201-6950

Email: customerservice@wpspublish.com

EIN 95-2483722 DUNS 041685686

Quote

Quote Number Q17026

Quote Date 1/10/2023

Expiration Date 3/10/2023

Customer Number 19286

Bill to:

625 Alaska Ave. Torrance, CA 90503

www.wpspublish.com

Accounts Payable Alvord Unified School District 9 Kpc Pkwy Corona CA 92879-7102

Western Psychological Services

Ship to:

Regan Pope, School Psychologist 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	LMS-607_PSLE	Live Event: ADOS-2 Clinical Workshop	1	Each	\$12,000.00	\$12,000.00
2	LMS-607_PSXLE	Live Event: ADOS-2 Clinical Workshop	21	Each	\$400.00	\$8,400.00
3	W-605	ADOS-2 Hand-scored Kit	1	Each	\$2,595.00	\$2,595.00

 Subtotal
 \$22,995.00

 Shipping & Handling
 \$259.50

 Sales Tax (%)
 \$249.79

 Total
 \$23,504.29

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

### **Professional Development & Training Comments:**

LICENSE PENDING \*\*\*Signed Agreement and Prepayment or Official Purchase Order Required\*\*\*

Coordinated by: Regan Pope, MS - School Psychologist Location: Alvord Unified School District - Riverside, CA

Dates: Late July 2023 or early August 2023 (exact dates to be determined)

Training: maximum 46 participants



Western Psychological Services

Tel: (424) 201-8800 Tel: (800) 648-8857

Fax: (424)-201-6950 Email: customerservice@wpspublish.com EIN 95-2483722

DUNS 041685686

### Quote

 Quote Number
 Q17026

 Quote Date
 1/10/2023

 Expiration Date
 3/10/2023

 Customer Number
 19286

Dear Customer,

www.wpspublish.com

625 Alaska Ave. Torrance, CA 90503

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 recogniz
  ed 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.
- 2. 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.
- 3. 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.
- 4. 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.
- 5. PAYMENT: All payments must be made in U.S. dollars using one of the following methods:
  - a. Visa, MasterCard, Discover, or American Express
  - b. Recognized official purchase order, per the "Terms" section above. Requisitions will not be accepted.
  - c. Check drawn on a U.S. bank, or international money order
  - d. ACH/Wire Transfer; please contact <a href="mailto:eft@wpspublish.com">eft@wpspublish.com</a> 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
- 8. All items listed without a price are considered "No Bid."
- 9. 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.

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

Name of Requesto	or: Anthony	Warnecke	Date: _01	1/12/2023				
Department/Service	ce Area: Physical	Therapy/Occupational T	herapy					
Site: Special Education	on		_					
VENDOR NAME AND ADDRESS		University of California San Diego Pedeatrics Business Office 9500 Gilman Drive #0831 La Jolla, CA 9209-30831						
PHONE # OF VENDOR		619-260-4585						
FUNDING GUIDELINES:	DESCRIPT (Attach vendor of print out or any a in the decision n Funding Guidelin	d, website hat will assist	QTY (each, hourly, etc)	AMOUNT	TOTAL			
10		prescription services for xpand scope at which we		1.00	15,000.00	15,000.00		
		ement is in effect for 3 ye						
				Tax	Subtotal 8.75%	15,000.00		
				IUA	Shipping			
			TOTAL			15,000.00		
Describe how the period the period to the pe	materials and/o programs. Plea ty of California, Sa	or services requeste se reference the sp n Diego, Health for ORP unable to bill for.	ed are suppl ecific guide	emental to	o school Spe proposal sup	ports.		
Requested by (print name): Ashley Cobb			Signature:_	Ashley Cobb F. Anthony Warnecke				
Approved by (print name): _F. Anthony Warnecke			_Signature:_	F. Antho	ny Warnecke			
Budget Code: Budget Code:								