

Kansas State Department of Education Contract for Provision of Education Services

For School District Contracting with Private Nonprofit Corporation or Public or Private Institution

This Revision, entered into on _____ is a change to the original contract entered into on _____
(Month) (Day) (Year) (Month) (Day) (Year)
pursuant to K.S.A. 72-967(a)(5), by and between Unified School District/Interlocal _____
(USD/INT/COOP #) (USD/INT/COOP Name)
in _____ County, Kansas, hereby designated as **First Party**, and **Second Party** designated below:

(Enter full legal name of Private Nonprofit Corporation or Public or Private Institution) [Not a USD, COOP or Interlocal]

Please Print Student Name Last First MI Date of Birth (mm/dd/yyyy) KIDS ID number

Indicate the Revised total number contact hours shown on the IEP/IFSP, name of teacher, and teacher SSN for each service provided:
Under the Service # row, indicate the service line form the original contract effected by a revision or termination. Enter the original
contracted hours, start or end date and the revised hours, start or end date effected by a revision or termination.

Service #	IEP / IFSP Date	Service Code	Hours Original	Hours Revised	Start Date Original	Start Date Revision	End Date Original	End Date Revision	Service Provider / Teacher Last Name, First Name, MI.	Provider / Teacher ID Number	Area of Provider's License
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

The Revision form must be duplicated if the number of services exceeds 15
Corresponding license codes can be found in the appendix of the MIS data Dictionary

Please indicated the reason for this contract revision – check all that apply

- ☐ Service Revision: – record (above) the services to be added or deleted under the revision, with the new total hours to be delivered for the duration of the contract
- ☐ Duration of Contract Revision: - enter the original contractual period, then the new (revised) contractual period. (Include revised days)
The original dates (day) of service will be revised from First date _____ to _____ Last date.
(Beginning Date) (Ending Date)
- ☐ Service not delivered on above date.
Revised services shall be delivered by Second Party from First date _____ to _____ Last date, with in FY _____.
(Beginning Date) (Ending Date)
- ☐ Contract Termination: - All services from the original contract are terminating on the date below.
The original contract dated from _____ to _____, Terminates on _____
(Beginning Date) (Ending Date) Month Day Year

IN WITNESS WHEREOF, the parties have executed this contract on the day, month and year first above written.

First Party

Second Party

Enter full USD/Int/COOP Number and Name (Type or Print)

Enter Full Name of Private Nonprofit Corporation or Public or Private Institution (Type or Print)

Signature USD/Int/COOP Board President

Signature 2nd Party Designee

USD/Int/COOP Board President Name (Type or Print)

Board President/Designee Name (Type or Print)

Kansas State Department of Education

Contract for Provision of Education Services

Second Party agrees to provide such services in accordance with standards and criteria set by the Kansas State Department of Education for special education in the state. Second Party shall claim no entitlement for special education or related services for the above named student provided under the terms of this contract through any joint agreement with any school district, Interlocal, or cooperative.

Second Party shall report to First Party the progress made by the above named student during the contract period specified above.

First party entitlement is subject to change based upon availability of funds. This contract may be terminated by either party upon thirty (30) days written notice and is subject to change or termination by action of the Legislature of the State of Kansas.

IN WITNESS WHEREOF, the parties have executed this contract on the day, month and year first above written.

First Party

Second Party

Enter full USD/Int/COOP Number and Name

Enter Full Name of Private Nonprofit Corporation or Public or Private Institution

Signature USD/Int/COOP Board President

Signature Board President/Designee

USD/Int/COOP Board President Name (please type)

Board President/Designee Name (please type)
