

Contracts - Private Service Providers (PSP)/Consultants/Other

EXECUTIVE SUMMARY

Submitted for Board Information

Dates of Service	Vendor	Amount
19/20 yr.	Soliant Health	\$53 to \$78/hr.
19/20 yr.	Nikki Stevens, Occupational Therapist	\$70/hr.
19/20 yr.	St. Luke's (Nursing Program Grant)	
19/20 yr.	The Core Collaborative (Prof. Dev.)	\$56,430.00

NOTE: Per Board Policy 5725: *"The District encourages the use of private service providers and professional consultants as resource individuals when such consultative services will be helpful in the improvement of the educational program of the District. The District, through the Superintendent as its designee, may enter into contracts with private service providers and/or consultants to provide necessary services to students." In no event shall such agreement exceed twelve (12) calendar months."*



CLIENT ASSIGNMENT CONFIRMATION



This Client Assignment Confirmation is entered into on the date first signed below and supplements the Client Services Agreement between Soliant Health, Inc and their Client, **Twin Falls School District**

The Soliant Consultant named below has been placed with Client and Client will pay Soliant Health for hours worked by Consultant according to the terms outlined below:

ASSIGNMENT DETAILS

Consultant: Tangela Schuerman Position: SLP
 Assignment Start Date: 08/19/19 Assignment End Date: 05/21/20
 Bill Rate per Hour: \$ 69/hr Minimum Hours: 24 hours per week; 3 days
 Miscellaneous: Part time 19/20 SY

PLACEMENT CRITERIA

Licensing: Consultant **is** **is not** authorized to begin providing services while professional license is in process.
 Teaching Certification: Teaching certification **is** **is not** required.

DESIGNATED APPROVERS

District Personnel designated by Client to approve Timesheets. *If not applicable, respond with N/A.*

Name	Title	Phone	Email Address

WORK SITE LOCATIONS


District Schools to which Consultant will be assigned: *Client to complete. If not applicable, respond with N/A.*

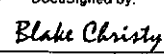
School 1: _____
 Location: _____
 School 2: _____
 Location: _____

Please note: Sales tax will be added to professional fees if required by state law and client is not a tax exempt entity.

Client agrees that it will not directly or indirectly, personally or through another agent or agency, contract with or employ Consultant for a period of one year after the latest date of introduction, referral, or completion of the assignment.

If Soliant Consultant should be required to travel to other locations at the specific request of the Client, the Client will be responsible for all expenses incurred

DocuSigned by:

 Client Signature ID: _____ 6/24/2019
 Mike Gemar
 Client Printed Name
 Director Support Services
 Client Title

DocuSigned by:

 Soliant Health, Inc. Signature _____ 6/24/2019
 Blake Christy
 Soliant Health, Inc. Printed Name
 Senior Operations
 Soliant Health, Inc. Title

***Terms and conditions outlined in this Client Assignment Confirmation will be considered agreed upon by all parties unless Soliant is notified of changes by Client within forty eight (48) hours of client's receipt of this Client Assignment Confirmation. If no changes are needed, a signature response is not required.**



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The Soliant Consultant named below has been placed with Client and Client will pay Soliant Health for hours worked by Consultant according to the terms outlined below:

ASSIGNMENT DETAILS

Consultant: Julie Bayard Position: OT
 Assignment Start Date: 08/19/19 Assignment End Date: 05/21/20
 Bill Rate per Hour: \$ 75/hr Minimum Hours: 40 hours per week
 Miscellaneous: Full time 19/20 SY

PLACEMENT CRITERIA

Licensing: Consultant **is** **is not** authorized to begin providing services while professional license is in process.
 Teaching Certification: Teaching certification **is** **is not** required.

DESIGNATED APPROVERS

District Personnel designated by Client to approve Timesheets. *If not applicable, respond with N/A.*

Name	Title	Phone	Email Address

WORK SITE LOCATIONS

District Schools to which Consultant will be assigned: *Client to complete. If not applicable, respond with N/A.*

School 1: _____
 Location: _____
 School 2: _____
 Location: _____

Please note: Sales tax will be added to professional fees if required by state law and client is not a tax exempt entity.

Client agrees that it will not directly or indirectly, personally or through another agent or agency, contract with or employ Consultant for a period of one year after the latest date of introduction, referral, or completion of the assignment.

If Soliant Consultant should be required to travel to other locations at the specific request of the Client, the Client will be responsible for all expenses incurred

DocuSigned by:

 Client Signature ID: _____
 6/17/2019
 Mike Gemar
 Client Printed Name
 Director Support Services
 Client Title

DocuSigned by:

 Soliant Health, Inc. Signature
 6/17/2019
 Daniel Jones
 Soliant Health, Inc. Printed Name
 Operations Director
 Soliant Health, Inc. Title

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The Soliant Consultant named below has been placed with Client and Client will pay Soliant Health for hours worked by Consultant according to the terms outlined below:

ASSIGNMENT DETAILS

Consultant: Laura Hake Position: OT

Assignment Start Date: 08/09/19 tentative Assignment End Date: 05/22/20 tentative

Bill Rate per Hour: \$ 78 per hour Minimum Hours: 40 hours per week

Miscellaneous: Full time for the 19/20 School Year

PLACEMENT CRITERIA

Licensing: Consultant **is** **is not** authorized to begin providing services while professional license is in process.

Teaching Certification: Teaching certification **is** **is not** required.

DESIGNATED APPROVERS

District Personnel designated by Client to approve Timesheets. *If not applicable, respond with N/A.*

Name	Title	Phone	Email Address

WORK SITE LOCATIONS

District Schools to which Consultant will be assigned: *Client to complete. If not applicable, respond with N/A.*

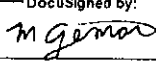
School 1: _____
 Location: _____

School 2: _____
 Location: _____


Please note: Sales tax will be added to professional fees if required by state law and client is not a tax exempt entity.

Client agrees that it will not directly or indirectly, personally or through another agent or agency, contract with or employ Consultant for a period of one year after the latest date of introduction, referral, or completion of the assignment.

If Soliant Consultant should be required to travel to other locations at the specific request of the Client, the Client will be responsible for all expenses incurred

DocuSigned by:

 4/4/2019

Client Signature
 Mike Gemar
 Client Printed Name
 Director Support Services
 Client Title

DocuSigned by:

 4/1/2019

Soliant Health, Inc Signature
 Daniel Jones
 Soliant Health, Inc. Printed Name
 Operations Director
 Soliant Health, Inc. Title

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The Soliant Consultant named below has been placed with Client and Client will pay Soliant Health for hours worked by Consultant according to the terms outlined below:

ASSIGNMENT DETAILS

Consultant: Micah Buck Position: OT
 Assignment Start Date: 08/19/19 Assignment End Date: 05/21/20
 Bill Rate per Hour: \$ 78/hr Minimum Hours: 40 hours per week
 Miscellaneous: Full time 19/20 SY

PLACEMENT CRITERIA

Licensing: Consultant **is** **is not** authorized to begin providing services while professional license is in process.
 Teaching Certification: Teaching certification **is** **is not** required.

DESIGNATED APPROVERS

District Personnel designated by Client to approve Timesheets. *If not applicable, respond with N/A.*

Name	Title	Phone	Email Address

WORK SITE LOCATIONS

District Schools to which Consultant will be assigned: *Client to complete. If not applicable, respond with N/A.*

School 1: _____
 Location: _____
 School 2: _____
 Location: _____

Please note: Sales tax will be added to professional fees if required by state law and client is not a tax exempt entity.

Client agrees that it will not directly or indirectly, personally or through another agent or agency, contract with or employ Consultant for a period of one year after the latest date of introduction, referral, or completion of the assignment.

If Soliant Consultant should be required to travel to other locations at the specific request of the Client, the Client will be responsible for all expenses incurred

DocuSigned by:

 Client Signature
 6/14/2019
 Mike Gemar
 Client Printed Name
 Director Support Services
 Client Title

DocuSigned by:

 Soliant Health, Inc. Signature
 6/14/2019
 Daniel Jones
 Soliant Health, Inc. Printed Name
 Operations Director
 Soliant Health, Inc. Title

***Terms and conditions outlined in this Client Assignment Confirmation will be considered agreed upon by all parties unless Soliant is notified of changes by Client within forty eight (48) hours of client's receipt of this Client Assignment Confirmation. If no changes are needed, a signature response is not required.**



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The Soliant Consultant named below has been placed with Client and Client will pay Soliant Health for hours worked by Consultant according to the terms outlined below:

ASSIGNMENT DETAILS

Consultant: Stacey Lewis Position: COTA
 Assignment Start Date: 08/19/19 Assignment End Date: 05/21/20
 Bill Rate per Hour: \$ 53/hr Minimum Hours: 40 hours per week
 Miscellaneous: Full time for 19/20 SY

PLACEMENT CRITERIA

Licensing: Consultant **is** **is not** authorized to begin providing services while professional license is in process.
 Teaching Certification: Teaching certification **is** **is not** required.

DESIGNATED APPROVERS

District Personnel designated by Client to approve Timesheets. *If not applicable, respond with N/A.*

Name	Title	Phone	Email Address

WORK SITE LOCATIONS

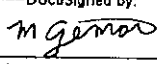
District Schools to which Consultant will be assigned: *Client to complete. If not applicable, respond with N/A.*


School 1: _____
 Location: _____
 School 2: _____
 Location: _____

Please note: Sales tax will be added to professional fees if required by state law and client is not a tax exempt entity.

Client agrees that it will not directly or indirectly, personally or through another agent or agency, contract with or employ Consultant for a period of one year after the latest date of introduction, referral, or completion of the assignment.

If Soliant Consultant should be required to travel to other locations at the specific request of the Client, the Client will be responsible for all expenses incurred

DocuSigned by:

 5/28/2019
 Client Signature
 Mike Gemar
 Client Printed Name
 Director Support Services
 Client Title

DocuSigned by:

 5/28/2019
 Soliant Health, Inc. Signature
 Daniel Jones
 Soliant Health, Inc. Printed Name
 Operations Director
 Soliant Health, Inc. Title

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The Soliant Consultant named below has been placed with Client and Client will pay Soliant Health for hours worked by Consultant according to the terms outlined below:

ASSIGNMENT DETAILS

Consultant: Cathie Standley Position: SLP
 Assignment Start Date: 08/12/19 Assignment End Date: 05/21/20
 Bill Rate per Hour: \$ 69/hr Minimum Hours: 32 hours per week
 Miscellaneous: 19/20 School Year

PLACEMENT CRITERIA

Licensing: Consultant **is** **is not** authorized to begin providing services while professional license is in process.
 Teaching Certification: Teaching certification **is** **is not** required.

DESIGNATED APPROVERS District Personnel designated by Client to approve Timesheets. *If not applicable, respond with N/A.*

Name	Title	Phone	Email Address

WORK SITE LOCATIONS District Schools to which Consultant will be assigned: *Client to complete. If not applicable, respond with N/A.*

School 1: _____
 Location: _____
 School 2: _____
 Location: _____

Please note: Sales tax will be added to professional fees if required by state law and client is not a tax exempt entity.

Client agrees that it will not directly or indirectly, personally or through another agent or agency, contract with or employ Consultant for a period of one year after the latest date of introduction, referral, or completion of the assignment.

If Soliant Consultant should be required to travel to other locations at the specific request of the Client, the Client will be responsible for all expenses incurred

DocuSigned by:

 Client Signature

6/11/2019

Mike Gemar
 Client Printed Name

Director Support Services
 Client Title

DocuSigned by:

 Soliant Health, Inc. Signature

6/11/2019

Daniel Jones
 Soliant Health, Inc. Printed Name

Operations Director
 Soliant Health, Inc. Title

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CLIENT ASSIGNMENT CONFIRMATION



This Client Assignment Confirmation is entered into on the date first signed below and supplements the Client Services Agreement between Health, Inc and their Client, **Twin Falls School District**

The Soliant Consultant named below has been placed with Client and Client will pay Soliant Health for hours worked by Consultant according to terms outlined below:

ASSIGNMENT DETAILS

Consultant: Hollie Hieb Position: SLP

Assignment Start Date: 08/19/19 Assignment End Date: 05/21/20

Bill Rate per Hour: \$ 69 Minimum Hours: 40 hours per week

Miscellaneous: Full time for 19/20 SY

PLACEMENT CRITERIA

Licensing: Consultant **is** **is not** authorized to begin providing services while professional license is in process

Teaching Certification: Teaching certification **is** **is not** required.

DESIGNATED APPROVERS

District Personnel designated by Client to approve Timesheets. *If not applicable, respond with N/A.*

Name	Title	Phone	Email Address

WORK SITE LOCATIONS

District Schools to which Consultant will be assigned: *Client to complete. If not applicable, respond with N/A.*

School 1: _____
 Location: _____

School 2: _____
 Location: _____

Please note: Sales tax will be added to professional fees if required by state law and client is not a tax exempt entity

Client agrees that it will not directly or indirectly, personally or through another agent or agency, contract with or employ Consultant for a period of one year after the latest date of introduction, referral, or completion of the assignment.

If Soliant Consultant should be required to travel to other locations at the specific request of the Client, the Client will be responsible for all associated costs incurred.

DocuSigned by

 Client Signature: _____ 5/17/2019

DocuSigned by

 Soliant Health; Attn: Signature _____ 5/16/20

Service Provider Agreement

THIS AGREEMENT, entered into on this 1 day of July, between Nikki Stevens, Occupational Therapist, Twin Falls, Idaho (hereinafter known as "Provider") and Twin Falls School District, Twin Falls, Idaho (hereinafter known as "District") for the calendar school year 2019-2020;

The parties to this agreement, in consideration of the mutual covenants and stipulations set out herein, agree as follows:

ARTICLE 1. TERMS OF AGREEMENT

The period of this agreement will commence on the 1 _____ of July, 2019 and remain in effect until the 1 day of July, 2020 _____.

ARTICLE 2. RELATIONSHIP OF PARTIES

In performing services under Agreement, Provider is and shall at all times remain an independent contractor of the District. Nothing herein is to be construed as establishing an employer-employee relationship.

ARTICLE 3. CONFIDENTIALITY OF PARTIES

Provider agrees that all information regarding services provided pursuant to this Agreement, including, but not limited to, the student's identity and the nature of services rendered, shall be confidential. Provider is prohibited from disclosing any information obtained as a result of rendering services pursuant to this agreement to any individual not authorized by the District without parental consent.

ARTICLE 4. REPORTING OF ABUSE, ABANDONMENT OR NEGLECT

Provider acknowledges its obligation to comply with Idaho Code 16-1601, *et seq.* and report within 24 hours, any suspected abuse, abandonment, or neglect of a child to the Building Administrator. The building administrator will assist with further reporting.

ARTICLE 5. PROVIDER LICENCE

For the duration of the contract, the provider will maintain in effect and have in possession, all applicable licenses required by state and federal laws for occupational therapists. Provider will supply support services with a current copy of said license each year.

ARTICLE 6. INSURANCE AND LIABILITY

Provider shall be solely liable for any losses or damages resulting from Provider's performance of any of the services covered by this agreement. Provider shall indemnify and hold harmless the District from any liability including, but not limited to, costs, expenses, and attorney's fees resulting from Provider's performance of the services provided under this agreement. Provider's Worker's Compensation Policy and Proof of liability insurance shall be submitted to the district within one month of the date of this agreement. Provider will provide the district with a copy of \$1,000,000,000, liability insurance naming Twin Falls School District as insured.

ARTICLE 7. AMENDMENT/TERMINATION

This Agreement may be amended at any time with the prior written mutual consent of both parties. Any and all amendments to this Agreement shall be in writing. Additionally, either party may terminate this Agreement within 30 days written notice.

ARTICLE 8. NON-DISCRIMINATION

The parties hereby agree that no person shall on the grounds of race, color, creed, national origin, sex, age, or disability, be excluded from or denied participation in, or otherwise subjected to discrimination under any activity performed pursuant to this Agreement.

ARTICLE 9. SCOPE AND SEQUENCE OF SERVICES

Provider agrees to provide services to Twin Falls School District students who qualify for occupational therapy via an IEP team process. Provider will supply services as described in the student's IEP. If the provider will be unavailable for a day, provider agrees to contact the schools and support services. Provider will complete timely student evaluations as directed by the evaluation team. Provider will complete eligibility report for occupational therapy. Provider will complete detailed student service reports, due to support services by the 5th of each month. Student progress reports will be completed and given to support services to be placed in student files each grading quarter. A detailed service statement will be delivered to support services before the 6th of each month for services rendered. If the statement arrives after the 6th payment will be paid the following month.

ARTICLE 10. DISTRICT OBLIGATION

Twin Falls School District will provide notice to the provider of meetings and evaluations. The district will provide Topic Training and professional development training which provider may attend at his/her own cost. A computer will be available to use at support services to complete district required student paperwork.

ARTICLE 11. COMPENSATION FOR SERVICES

Provider shall be compensated in the amount of \$ 70.00 per hour, payable after the statements are presented and approved by the Board of Trustees each month. Checks will be released and sent out from the Twin Falls School District office.

7-18-19
Date

Nichole Stevens MOT, OTR/L

Nichole Stevens, OTR/L

7/18/19
Date

Michael Gemar
Michael Gemar
Support Services Director
Twin Falls District
301 Main Ave E
Twin Falls, ID 83301

**TWIN FALLS SCHOOL DISTRICT SCHOOL NURSING PROGRAM
SUPPORT AGREEMENT**

THIS TWIN FALLS SCHOOL DISTRICT SCHOOL NURSING PROGRAM SUPPORT AGREEMENT ("Agreement") is entered into this 1st day of August, 2018 ("Effective Date"), by and between **St. Luke's Magic Valley Regional Medical Center, Ltd.**, with offices located at 801 Pole Line Rd W. Twin Falls, Idaho 83301 ("St. Luke's") and **Twin Falls School District**, with offices located at 201 Main Ave W. Twin Falls, Idaho 83301 ("TFSD"). St. Luke's and TFSD are each referred to herein as a "Party" and collectively as the "Parties."

WHEREAS, St. Luke's is dedicated to its mission of improving the health of the people in the communities; and

WHEREAS, TFSD has identified a need for funding and resources to better its current school nursing programs; and

WHEREAS, TFSD and St. Luke's previously entered into a Memorandum of Understanding regarding Twin Falls School District Nursing Support which concluded May 25, 2018, with such Memorandum of Understanding not continuing between the Parties at this time; and

WHEREAS, St. Luke's has agreed to provide an annual sum to support the ongoing development of the TFSD school nursing programs.

NOW, THEREFORE, in consideration of the mutual promises, conditions and covenants contained herein, the Parties mutually understand and agree as follows:

1. Grant from St. Luke's to TFSD.

1.1 Support of TFSD School Nurse Programs. St. Luke's agrees to provide TFSD with Fifty Two Thousand Eight Hundred and Seventy Six Dollars (\$52,876.00) during each year of this Agreement to support the ongoing development of the TFSD school nursing programs. Payments shall be made no later than September 1st of each year.

1.2 Additional Funding to Encourage Collaboration. St. Luke's will provide TFSD with an additional Ten Thousand Dollars (\$10,000.00) each year that TFSD enters into a separate agreement with Idaho's South Central Public Health District ("Health District"). Specifically, the agreement between TFSD and Health District must call for further oversight, training and education of TFSD school nurses. This additional grant will be awarded to TFSD upon St. Luke's receipt of a signed agreement between TFSD and the Health District, which in St. Luke's sole discretion, meets the objective of being related to the oversight, training and education of TFSD school nurses.

2. Term and Termination.

2.1 Term. The term of this Agreement shall be for one (1) year following the Effective Date enumerated above (the "Term"). Unless expressly terminated in a written notice provided to the other Party at least (30) days before the expiration of the current Term, the Term of the Agreement shall automatically renew for an additional one (1) year period on each anniversary of the Effective Date.

2.2 Termination without Cause. This Agreement may be terminated by either Party without cause

upon thirty (30) days' written notice to the other Party.

2.3 Termination with Cause. This Agreement may be terminated immediately in the event either Party defaults in the performance of a material obligation required under this Agreement and such default is not cured to the satisfaction of the non-defaulting Party within fifteen (15) days after the defaulting Party receives written notice of the default.

3. Annual Meeting.

3.1 Annual Meeting. Both Parties agree to hold at least one (1) annual meeting to discuss the status and future needs of the TFSD school nursing programs. The time, location, agenda and specifics regarding each annual meeting shall be mutually agreed upon by both Parties.

4. St. Luke's Disclaimer.

4.1 Disclaimer. TFSD shall be solely responsible for classifying, budgeting, accounting for, controlling and spending the funds provided to TFSD from St. Luke's consistent with the terms of this Agreement. Furthermore, St. Luke's does not make any warranties, representations or guarantees regarding any tax or other implications the acceptance of any funds, under the terms of this Agreement, might have on TFSD.

4.2 Employment. Should the funds received by TFSD under the terms of this Agreement be used for the employment of any person(s), TFSD will be solely responsible for all terms and conditions of employment including, but not limited to, payment of all compensation owed to its employee(s), as well as federal and state income tax withholding, Social Security taxes, and unemployment insurance applicable to such personnel as employee(s) of the applicable Party.

5. Regulatory Compliance.

5.1 Compliance. It is the intent of the Parties that the terms of this Agreement will be in strict compliance with applicable laws, statutes, rules and regulations. If in the opinion of either Party's legal counsel, laws, regulations, interpretations or rulings raise questions regarding the enforceability of this Agreement, or if strict compliance with this Agreement would not be consistent with any applicable laws, statutes, rules or regulations, or if the payment terms of this Agreement are inconsistent with a Party's tax-exempt status, or if any authority commences regulatory or enforcement action, the Parties shall renegotiate any terms of this Agreement to cure the unenforceable term to secure such strict compliance. In the event the Parties, after exercising the utmost good faith, have been unable to renegotiate the terms of this Agreement within thirty (30) days, either Party shall be entitled to terminate this Agreement.

5.2 Equal Opportunity. St. Luke's shall abide by the requirements of 41 CFR 60-1.4(a), 60-300.5(a) and 60-741.5(a), and TFSD shall abide by these regulations to the extent applicable. These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or veteran status.

6. Miscellaneous.

6.1 Governing Law. The Parties acknowledge that this Agreement has been negotiated and entered into in the State of Idaho. The Parties expressly agree that this Agreement shall be governed by, interpreted under, and construed and enforced in accordance with the laws of the State of Idaho.

6.2 No Use of Name. TFSD shall not use St. Luke's tradenames, service marks, logos, or any other intellectual proprietary property related thereto, for advertising or any other purposes, without the prior, express written consent of St. Luke's.

6.3 Authorization to Make Agreement. Each person signing this Agreement on behalf of a Party represents and warrants to the other Party that she/he is duly authorized by the Party to bind such Party to the terms and conditions hereof. Each Party attests that this Agreement is not in conflict with any other existing contract of the Party. This Agreement constitutes a valid obligation of each Party, enforceable according to its terms.

6.4 Severability. If any part of this Agreement shall be determined to be invalid, illegal, or unenforceable by any valid Act of Congress or act of any legislature or by any regulation duly promulgated by the United States or a state acting in accordance with the law, or declared null and void by any court of competent jurisdiction, then such part shall be reformed, if possible, to conform to the law and, in any event, the remaining parts of this Agreement shall be fully effective and operative insofar as reasonably possible. This preceding provision shall expressly survive the termination or expiration of this Agreement.

6.5 Waiver. The waiver by either Party of a breach, default, delay or omission of any of the provisions of this Agreement by the other Party will not be construed as a waiver of any subsequent breach of the same or other provisions.

6.6 Entire Agreement. This Agreement constitutes the final and entire expression of the Parties and supersedes all prior statements, promises, representations, agreements and understandings, either oral or written, with respect to the matters set forth herein.

INTENDING TO BE LEGALLY BOUND, the Parties hereto have executed this Agreement effective as of the Effective Date.

**ST. LUKE'S MAGIC VALLEY REGIONAL
MEDICAL CENTER, LTD.**

TWIN FALLS SCHOOL DISTRICT

BY: 

BY: 

PRINT NAME: Michael Fenello

PRINT NAME: Brady D. Dickinson

TITLE: Site Administrator

TITLE: Superintendent

DATE: 7-18-18

DATE: 7/18/18



THE CORE COLLABORATIVE
4629 Cass St #292
San Diego, CA 92109

LEADING **8** IMPACT TEAMS

BUILDING A CULTURE OF EFFICACY

PAUL BLOOMBERG • BARB PITCHFORD

Foreword by John Hattie

Proposal of Services

Submitted for consideration to:	
<p>Mr Bill Brulotte Twin Falls School District #411 201 Main Ave West Twin Falls, ID 83301 brulottewi@tfsd.org P:(208) 733-6900</p>	<p>Proposal Submitted: 08/5/2019</p> <p>Proposal Valid Until: 09/5/2019</p> <p>Payment Terms: Net 30 Days after Services</p>

LEADING WITH IMPACT TEAMS

"Leading Impact Teams: Building a Culture of Efficacy combines some of the best innovations from the last decade to ensure a focus on changing the learning lives of students. Maximizing this impact involves teachers learning from students about their impact---and this is the heart of formative evaluation, which in turn is the substance of collaborative inquiry among teacher teams."

- Professor John Hattie, Author of Visible Learning, 2009

Paul Bloomberg and Barb Pitchford have partnered with over 650 schools and close to 2,000 teams and they believe that as educators our moral purpose is to create optimal conditions for every learner in the system to develop the belief in their capacity to learn and to ultimately make a difference.

BUILDING A CULTURE OF EFFICACY

"Social action depends on the belief that a group can effect change. Collective efficacy helps people realize their shared destiny. " Bandura, 1997

Impact Teams create the culture and conditions for every teacher every day to answer the question:

"What is my impact?"

The Impact Teams model is a strengths-based approach that helps teacher teams:

- **Operationalize** the highest influences on student learning
- Partner with students to strengthen **student ownership of learning**
- Engage students in **self and peer assessment**
- Build a culture of efficacy using **practical, easy to implement protocols**

WHAT ARE IMPACT TEAMS?

Impact Teams are teams of educators that partner with students. They learn together to build professional capital. They scale up their expertise by focusing on critical learning goals, analyzing evidence, and taking collective action.

The development and design of the Impact Team model is based on extensive research that identifies those practices that maximize student learning (Hattie, 2009). Impact Teams operationalize six influences that are proven to have the highest effect on student learning:

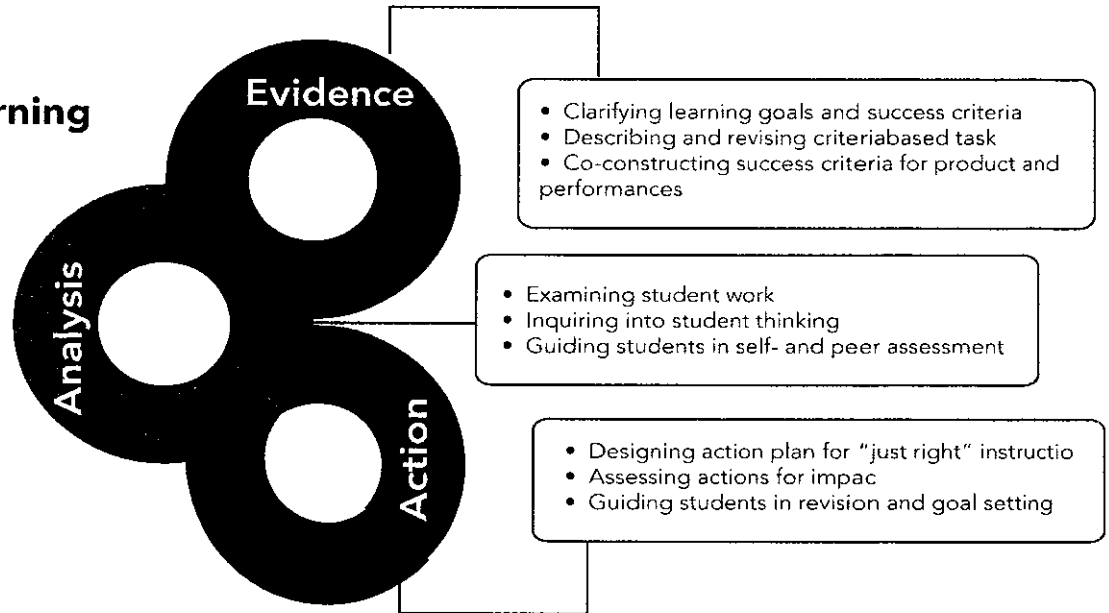
- Feedback: .75 ES
- Teacher Clarity: .75 ES
- Classroom Discussion: .82 ES
- Formative Evaluation: .90 ES
- Success Criteria: 1.13 ES
- Assessment Capable Learners: 1.44 ES
- Collective Efficacy: 1.57 ES



The Impact Team Model (ITM) uses a foundational, simple and powerful 3-step protocol framework. This framework ensures that teams focus on developing assessment capable learners and ensures that teams are always asking, "What is our Impact?". Impact Teams use protocols purposefully to guide collaborative inquiry. In addition, the Impact Team Purposeful protocols are used **throughout all levels of the system**: classroom, teacher team meetings, instructional leadership team meetings and district and parent meetings.

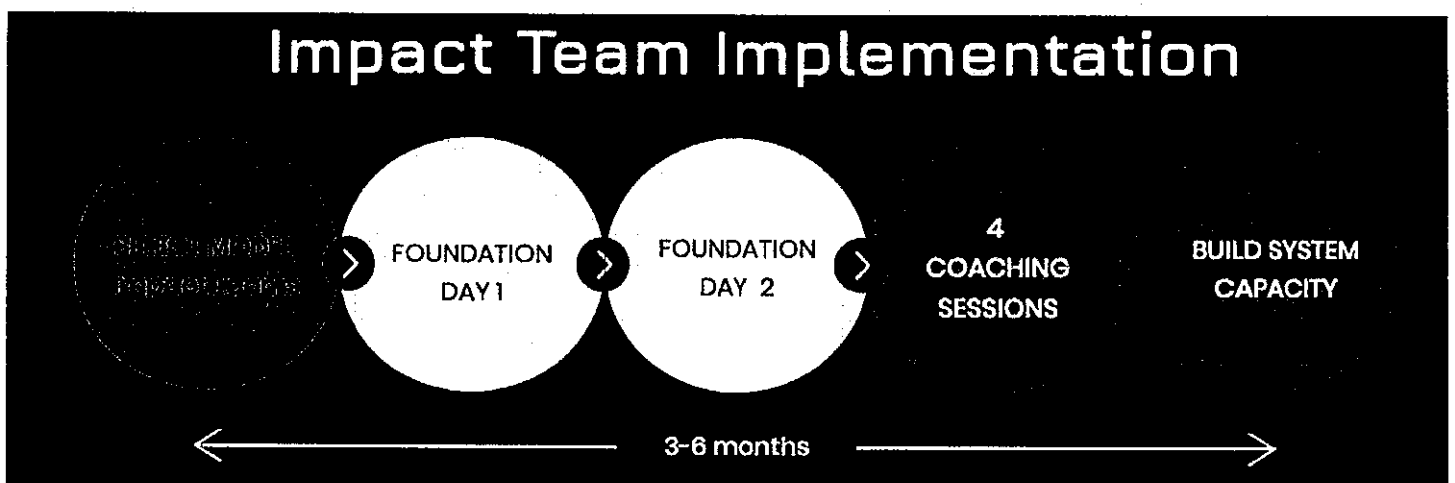
A Holistic Approach to Learning

The Impact Teams model is used in team meetings and with students to strengthen learner-centered systems.



WHERE TO BEGIN

The Model Teams Approach uses practice and implementation to build expertise, and teams then become the model for other teams in their schools. This is an execution-as-learning process in which teams learn protocols as needed through coaching and modeling.

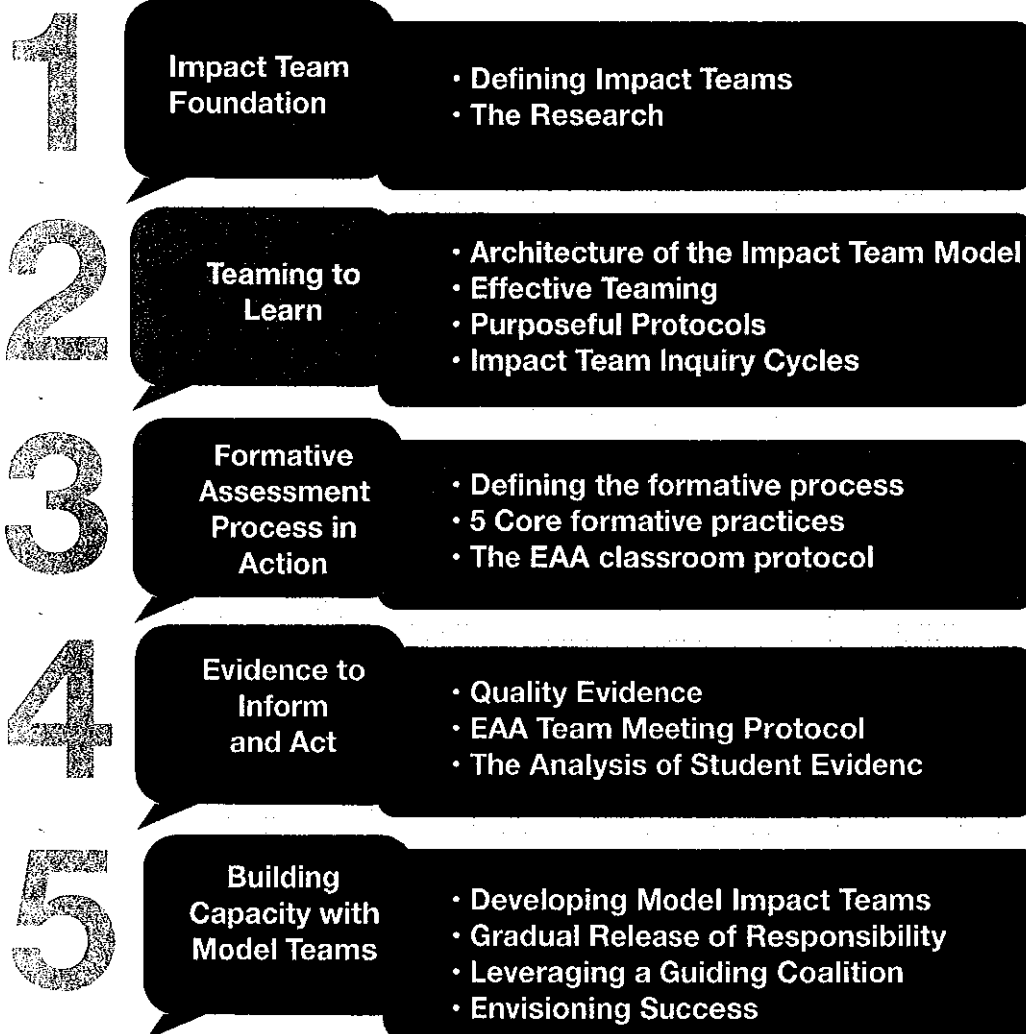


1) IMPACT TEAM FOUNDATION TRAINING

Required Resources: Leading Impact Teams and Leading Impact Teams Workbook

Collaboration is about sharing knowledge to build new knowledge on behalf of all students. The focus of the Impact Teams Model is to develop assessment-capable learners through leveraging team time and teacher expertise to increase student ownership of learning.

Impact Team Foundation Days are customized and based on Impact Team pre-assessment results. These highly-engaging introductory days generally consist of 5 modules that are connected to each participant's Leading Impact Teams book as follows:



Learning Outcomes

Upon completion of the two Impact Team Foundation Days, participants will be able to:

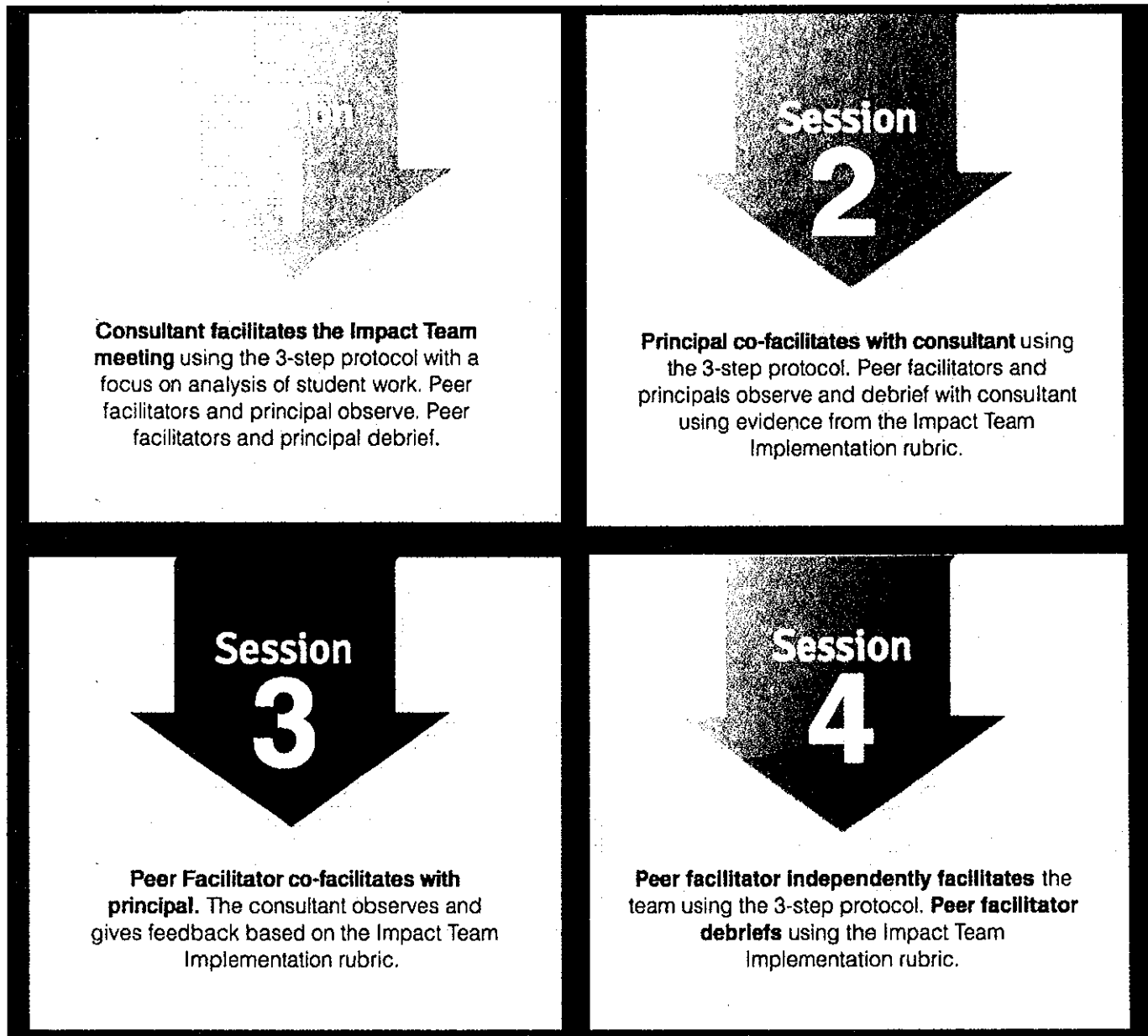
- Define the Impact Team Model
- Unpack the 4 sources of efficacy
- Summarize the research that underpins the Impact Team Model
- Understand the components of effective teaming
- Expand understanding of the 5 Core Formative Practices
- Enhance teacher clarity with curriculum and assessment
- Explore purposeful protocols that guide Impact Team inquiry Cycles
- Learn the attributes of quality evidence



2) IMPACT TEAMS DEEP IMPLEMENTATION COACHING

Required Resources: Leading Impact Teams and Leading Impact Teams Workbook

This implementation model operationalizes the four sources of efficacy by building expertise through practice that results in mastery experiences for teams. This is an execution-as-learning process in which teams learn protocols as needed through coaching and modeling. This implementation process is authentic, organic, and develops a variety of skills and knowledge in context focused on deepening content knowledge. Teams also use the Equitable, Viable and Coherent Curriculum assessment (chapter 5) to guide teams in enhancing teacher clarity regarding content and process.



Learning Intentions

Upon completion of the implementation days, participants will be able to:

- Expand the formative assessment process in the classroom
- Do critical analysis of curriculum alignment
- Deepen knowledge of strategies that leverage VL influences
- Gather evidence of formative assessment implementation in classrooms and develop next steps



TESTIMONIALS

- [Click here](#) to see video testimonial from Lyons Township (IL) High School, where Principal Brian Waterman and Language Arts Division Chair Karen Raino discuss the benefits of Impact Teams on teachers.
- [Click here](#) to read a Joplin (MO) Schools case study
- [Click here](#) to read a Reed's Spring (MO) School District case study

Additional testimonials and references from schools across the nation are available upon request.

ADDITIONAL OPTIONS:

Peer Power • Engaging Students in Peer Assessment

Research indicates that self-assessment is crucial to improved learning. Self-assessment encourages students to set higher learning goals and provide greater effort to their learning. When properly implemented self and peer assessment gives teachers reliable information about student learning that supports teachers and students in creating optimal conditions for learning.

Learning Intentions

Upon completion of the implementation days, participants will be able to:

- Build a shared language for peer review
- Define self and peer assessment in relationship to the formative assessment process
- Gain knowledge of the research that supports self and peer assessment
- Learn the four stages of peer review that teachers can apply in the classroom immediately

INVESTMENT

Prices are including the cost of travel. Based on number of days.

Author rate is \$5,950.00 per day without a discount

Leading Impact Teams Four - 3 Day sessions with Gina Burt/ Jamie Valenzuela Dates: TBD	\$4,950.00/day
5% Discount for having 6 days or more	(\$2,970.00) Discount
TOTAL	\$56,430.00

* **Leading Impact Teams: Building a Culture of Efficacy** books need to be purchased through Corwin/Sage Publishing

* **Leading Impact Teams Coaching Handbooks** will be required, and can be purchased through Mimi & Todd Press, Inc. They are \$24.95/ participant.



COMPANY CONTACTS





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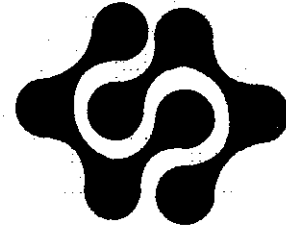
Tony Francoeur, Chief Financial Officer
Phone: (858)688-1177
Email: tony@thecorecollaborative.com

Other Professional Learning Available

	<p>Topics in the EmpowerED Learner™ strand support teachers in creating optimal conditions for student centered approaches to learning with an emphasis on student ownership of learning and collaborative learning.</p>
	<p>The Core Connections process provides schools and systems more in-depth insight into progress, which in turn can both serve as a measure of improvement and provide vital data for district action planning. Core Connections supports systems in making meaningful advances in student outcomes by improving school and district climate. The Core Connections coaching process can transform systems in becoming more student-centered.</p>
	<p>Despite the best efforts of equity leaders, our schools suffer from persistent inequities. However, IncludedED schools have a solution that works. Aligned with Social Justice standards IncludedED provides the support that teams need to make the changes required for inclusion and equity.</p>
<p style="text-align: center;">For More Suggestions Visit Our Website at: http://www.thecorecollaborative.com</p>	



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The Core Collaborative

Estimate

ADDRESS

Mr Bill Brulotte
Twin Falls School District
#411
201 Main Avenue West
Twin Falls, ID 83301

ESTIMATE # 1583

DATE 08/05/2019

EXPIRATION DATE 09/05/2019

ACTIVITY	QTY	RATE	AMOUNT
Impact Teams TCC:Impact Teams PD Professional Services to be rendered for Leading Impacts Teams:Building a Culture of Efficacy with TCC Consultant Gina Burt or Jamié Valenzuela Four - 3 Day Sessions Dates: Dates: TBD	12	4,950.00	59,400.00
Discount 5% off for 6 or more days	1	-2,970.00	-2,970.00

Description of services on attached proposal. Pricing is inclusive to all travel expenses.

TOTAL

\$56,430.00

Accepted By

Jessie Jones
Bill Brulotte

Accepted Date

8/5/19
8/5/19