

Service

Request ~~X~~

cc & date:
Sandi February 26, 2018



Initial Form

Contact Date: February 21, 2018
completed by: Sandra Curran

Contact
Pupil Services

Name: Dr. Gina Symsek **Title:** Director of

District: Brecksville-Broadview Hts. City School

Phone Number: 440-740-4017

Type of Service Requested: One to one services for the middle school aged student who is displaying challenging behaviors and is on a BIP.

Notes: PEP Assist will be providing implementation services for this middle school student with therapeutic services in the area challenging behaviors.

Staff Assigned: Heather Luckey and Jim Lucas

Date Staff Notified: 2/23/2018

Projected amount of time required to complete service: \$200.00 a day for 57 days.

Projected Date of Initial Service: February 28, 2018 **Service Completed:** end of this school year.

Billing submitted to Sandi: February 5, 2018

Rate Quoted	
to: Dr. Gina Symsek	by: Sandra Curran
Date of Verbal Agreement: February 23, 2016	Amount \$ 11, 400.00
Rate Quoted: C/T full day C/T Half day Workshop	
Contract <input type="checkbox"/> PO <input type="checkbox"/> # _____ from _____ (who)	
Billing completed date: _____	