

**LETCHWORTH CENTRAL
SCHOOL DISTRICT**

REQUEST FOR PROPOSAL

May 23, 2025

**LETCHWORTH CENTRAL SCHOOL DISTRICT
REQUEST FOR PROPOSALS
SPEECH THERAPY SERVICES**

I. The Letchworth Central School District is requesting proposals for Speech Therapy Services for the school year beginning September 2, 2025, with the option of extending the relationship in subsequent years.

A. GENERAL

There is no expressed or implied obligation for the Letchworth Central School District to reimburse responding vendors for any expenses incurred in preparing proposals in response to this request for proposal.

To be considered, a proposal must be received no later than 3:00 PM on June 6, 2025 by:

**John P. Novak
Business Administrator
5550 School Road
Gainesville, NY 14066**

Email submissions to jnovak@letchworth.k12.ny.us are preferred

The Letchworth Central School District reserves the right to reject any or all proposals submitted.

During the evaluation process, the Letchworth Central School District reserves the right to request additional information and clarification from vendors or to allow corrections of errors or omissions. At the discretion of the Letchworth Central School District, vendors submitting proposals may be requested to make oral presentations as part of the evaluation process at a time determined by the District.

Following the notification of the selected vendor, a contract will be executed between both parties.

B. TERM OF ENGAGEMENT

A one-year contract is contemplated, subject to the annual review and recommendation of the Business Administrator, the Superintendent of Schools and the Board of Education. The district requires a contract clause to be included allowing the district to cancel the contract with 30 days notice to the vendor.

II. Please attach the information described below and any additional information that may help us evaluate you as a vendor.

A. DEMONSTRATION OF SPEECH THERAPY SERVICES

Statements, examples and references of work done as a provider of Speech Therapy must be attached.

B. VENDOR QUALIFICATIONS AND EXPERIENCE

The proposal should state the size of the vendor, the location of the office from which the work on this engagement will take place, and the number of professional staff to be employed in this engagement.

If the vendor is a joint venture or consortium, the qualifications of each vendor comprising the joint venture or consortium should be separately identified, and the vendor that is to serve as the principal vendor should be noted, if applicable.

Describe the vendor's experience in providing Speech Therapy services, knowledge of, and compliance with the "Family Rights and Privacy Act" (FERPA) as well as the Health Insurance Portability & Accountability Act of 1996 (HIPAA).

The vendor shall provide evidence of sufficient amounts of liability insurance covering the activities of each provider of service.

C. PARTNER, SUPERVISORY & STAFF QUALIFICATIONS AND EXPERIENCE

Identify the provider(s) of Speech Therapy assigned to the project. Provide information on the experience of each person, including:

1. Information on previous experience
2. Documentation on special education training and/or experience
3. Verification of current professional licensure
4. Clearance for employment from the New York State Education Department prior to employment, based upon a fingerprint and criminal history background check.
5. Identify if the provider will be able to provide in-person or virtual services (preference will be given to providers of in-person services)

III. Nature of service required.

A. SCOPE OF WORK TO BE PERFORMED

The contractor shall provide the following services during the contract period:

- Provides the related service of speech and language therapy as recommended by the Committee on Special Education to meet the specific needs of a student with a disability, as outlined in the individualized education program (IEP);
- Provides a prescription for the IEP service;
- Performs speech therapy procedures, evaluations, assessments, and diagnostic tests on any individual who is considered a candidate for speech therapy services, or for whom these have been prescribed;
- Upon request, attend Committee on Special Education meetings (in person preferred);

- Observes and progress monitors the student's progress and reaction to the therapy program, and continually reevaluates the program when needed;
- Collaborates with the student, faculty/staff, and family in the dynamics of the program, so that all will comprehend the goals of therapy;
- Provides consultation to parents/guardians regarding the specific speech therapy techniques employed in the educational setting, which should be reinforced at home in order to maximize the functional ability of the student;
- Maintains treatment and therapy records and progress monitoring data, completes appropriate IEP documents, and prepares reports and other documents, as needed;
- Participates in curriculum development, focusing on incorporating and maintaining the therapeutic perspectives necessary;
- Performs a variety of related activities as required.

MINIMUM QUALIFICATIONS:

Current licensure as a Speech Language Pathologist and certification as a Teacher of Speech and Language Disabilities in the state of New York.

Providers identified in response to this request for proposal can only be changed with the express prior written permission of the Letchworth Central School District, which retains the right to approve or reject replacements.

COST WILL NOT BE THE PRIMARY FACTOR IN SELECTION OF A VENDOR.

The Letchworth Central School District reserves the right to retain all proposals submitted. Vendors should send the completed proposal to the following address or email address:

John P. Novak
Business Administrator
5550 School Road
Gainesville, NY 14066

Email submission to jnovak@letchworth.k12.ny.us are preferred

**LETCHWORTH CENTRAL SCHOOL DISTRICT
2025 REQUEST FOR PROPOSAL
SPEECH THERAPY SERVICES September 2, 2025 to June 30, 2026
YEARLY RENEWABLE CONTRACT
DUE DATE FOR PROPOSAL: June 6, 2025, 3:00pm**

2025-2026 PROPOSAL

We/I agree to provide Speech Therapy Services as outlined in the Request for Proposal in accordance with the following fee structure.

Hourly Rates for engagements \$_____

(Therapy sessions range from 30-45 minutes as identified on the students IEP)

List name, title and hourly rate for all personnel that will be assigned to the District:

_____	_____	_____
Name	Title	Hourly Rate

_____	_____	_____
Name	Title	Hourly Rate

Will the services be provided in person or virtually? _____

Company Name: _____

Telephone Number: _____

Address: _____

Date: _____

Be sure to attach all required information as described in the RFP.

The successful bidder will be required to enter into a contract with the Letchworth Central School District with approval of the Board of Education.