

**AGREEMENT FOR PROFESSIONAL SERVICES**  
**BETWEEN BEHAVIORAL AUTISM THERAPIES (B.A.T.) AND**  
**PERRIS UNION HIGH SCHOOL DISTRICT**  
**AMENDMENT NO. 1**

THIS AMENDMENT NO. 1, made and entered into effective August 10, 2021, by and between the Perris Union High School District (hereinafter referred to as "PUHSD") and Behavioral Autism Therapies (hereinafter referred to as "B.A.T.") for the purpose of providing personnel to supplement PUHSD staff.

WHEREAS PUHSD and BAT entered into an Agreement on July 30, 2021;

NOW, THEREFORE, the parties agree as follows:

1. Modify Section 3: SCOPE OF WORK of the Agreement as follows:

1855 minutes per week of 1:1 Behavior Intervention Services to directly support the student in addressing and redirecting of any maladaptive behavior identified by the IEP team, PUHSD staff and B.A.T. staff. The Behavior Intervention Specialist will support the student and take daily, frequent on-going data throughout the day to be provided to PUHSD staff daily. In addition, the Behavior Intervention Specialist will communicate directly with PUHSD staff to include but not limited to intervention strategies, student responses to intervention, communication approaches the student positively and effectively responds to as well as which communication strategies to avoid in order to minimize any potential for the student to escalate. The Behavior Intervention Specialist will collaborate with other PUHSD services providers including but not limited to Speech and Language Pathologist, Occupational Therapists and Praeducators when working with the student.

In addition, 720 minutes a week 1:1 ABA Certified Supervision Services to support the student, PUHSD staff, and student's family at the frequency of 1:1 ABA service at 120 minutes (2 hours) daily and 2 hours weekly of service provider supervision in the home setting. All interventions will be documented on a daily basis and shared with PUHSD staff. Any and all communication that occurs in the home setting will be shared with PUHSD staff to support congruent and consistent intervention and communication between the home and school setting to assist student (D.P.). ABA certified Supervision Services will be available to collaborate with parent, PUHSD staff and B.A.T staff. ABA certified Supervision service provider will document all interactions and provide these logs to include the following: the

name of the individual seeking collaboration, the reason for the collaboration and suggested interventions to PUHSD. The 1:1 Behavior Intervention will share all information with PUHSD staff and B.A.T. ABA certified Supervision Service providers who will share this information in the IEP. PUHSD may invite the ABA service provider to an IEP meeting, and fund participation, as deemed appropriate or necessary, however, should the parent invite any B.A.T. team member to an IEP meeting and/or school based function without prior written authorization from PUHSD, PUHSD will not fund participation.

2. Modify Section 13: FEE of the Agreement as follows:

For Services and Products provided under the Agreement, The District will pay Vendor \$80 per hour for up to 720 minutes per week for 1:1 ABA Certified Supervision Services and \$50 per hour for up to 1855 minutes per week of 1:1 Behavior Intervention Services, not to exceed \$128,000.00 for the entire team ending June 30, 2022.

**OBLIGATIONS UNDER THE AGREEMENT:** The parties agree that all terms, conditions, and obligations of the agreement remain in effect throughout the Term except for those provisions of the agreement that are directly contradicted by this term change, in which event the terms of this extension shall control over the agreement.

**SEVERABILITY:** If any part or parts of this extension shall be held unenforceable for any reason, the remainder of the extension shall continue in full force and effect.

*Signature Page: (Next Page)*

IN WITNESS THEREOF, the parties hereto have executed this Agreement on the date written above:

**Behavioral Autism Therapies (B.A.T.)**

\_\_\_\_\_  
By Title

\_\_\_\_\_  
Authorized Signature Date

**Perris Union High School District**

\_\_\_\_\_  
By Title

\_\_\_\_\_  
Authorized Signature Date