

RIVERSIDE COUNTY SUPERINTENDENT OF SCHOOLS
3939 Thirteenth Street
Riverside, California 92501

**AGREEMENT FOR CENTRAL AUDITORY PROCESSING DISORDER (CAPD)
ASSESSMENT SERVICES
SPECIAL EDUCATION
(District Expense)**

This Agreement is entered into by and between the **Riverside County Superintendent of Schools**, hereinafter referred to as "SUPERINTENDENT," and the **Perris Union High School District**, hereinafter referred to as "DISTRICT", each being a "Party" and collectively the "Parties."

AGREEMENTS

1. **TERM:** The term of this Agreement shall be from **July 1, 2018** through **June 30, 2019**.
2. **SERVICES:**
 - A. SUPERINTENDENT agrees to provide services for DISTRICT as follows:
 1. Two (2) 1 & 1/2 – 2 hour appointments for the completion of a series of tests that evaluate hearing acuity, middle ear function, and a variety of auditory processes.
 2. A detailed report sent to the DISTRICT and the parent.
 3. Attendance at an IEP meeting to review the CAPD Assessment findings, including diagnosis and recommendations.
 4. FM trial recommendation/coordination, when appropriate.
 - B. Services will be provided by an instructor holding the proper credentials authorizing such services.
3. **PAYMENT:**
 - A. DISTRICT agrees to pay SUPERINTENDENT the amount of **\$1,000.00 per student**, said amount being not less than the cost of providing said services, and payable within 45 days from receipt of an invoice(s).
4. **INDEPENDENT CONTRACTOR:** SUPERINTENDENT, while engaged in the performance of this Agreement, is an independent contractor, and is not an officer, agent or employee of DISTRICT.
5. **WORKERS' COMPENSATION:** SUPERINTENDENT is aware of the laws of State of California requiring employers to be insured against liability for Workers' Compensation and shall comply with such laws during the term of this Agreement.
6. **FINGERPRINTING:** Education Code section 45125.1 and 45125.2 requires SUPERINTENDENT to verify that its employees and subcontractors who may have contact with pupils during the performance of this Agreement have not been convicted of serious or violent felonies as defined by statute. Compliance with the statute, including the fingerprinting requirements, is a condition of this Agreement, and DISTRICT reserves the right to terminate this Agreement at any time for noncompliance.

7. **OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA):**
SUPERINTENDENT is aware of the Occupational Safety and Health Administration (OSHA) standards and codes as set forth by the U.S. Department of Labor, and the derivative Cal/OSHA standards, laws and regulations relating thereto, and verifies that all performance under this Agreement shall be in compliance therewith.
8. **ASSIGNMENT:** Neither this Agreement nor any duties or obligations under this Agreement may be assigned without the prior written consent of both parties to this Agreement. Any assignment or purported assignment of this Agreement without prior written consent of the other party will be deemed void and of no force or effect.
9. **MUTUAL HOLD HARMLESS:** The parties hereto, and each of them, do hereby mutually agree to indemnify, defend, save and hold harmless each other, and their respective officers, agents, servants and employees, of and from any and all liability, claims demands, debts, suits, actions and causes of action, including wrongful death and reasonable attorneys' fees for the defense thereof, arising out of or in any manner connected with the performance of any act or deed under or pursuant to the terms and provisions of this Agreement by such indemnifying party, or its officers, agents, servants and employees.
10. **AMENDMENT:** This Agreement may only be amended in writing by the mutual consent of the parties hereto.

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

Riverside County Superintendent of Schools
3939 Thirteenth Street
Riverside, CA 92501

Perris Union High School District
155 East Fourth Street
Perris, CA 92570-2124

Signed _____
Authorized Signature

Signed _____
Authorized Signature

Diana Walsh-Ruess, Associate Superintendent
Division of Student Programs and Services

Printed Name and Title

Printed Name and Title

Date _____

Date _____