





- b. A statement of the limitations of service that each professional staff member may provide.
- c. A statement outlining the line of responsibility and supervision of each professional staff member.

The District will provide the following information to the contracting mental health center or the private agency:

- a. A statement of the specific services needed as identified and documented on each Individual Education Program for each identified student with disabilities.
  - b. A statement of qualifications of the service provider necessary to meet the requirements of each Individual Education program.
17. That if at any time during the performance of this agreement, the District determines that the services are not progressing satisfactorily or within the terms of this agreement, the District, at its discretion and after giving reasonable written notice to the Contractor, may terminate this agreement or any parts thereof within 30 days. At such termination date, the Contractor shall be entitled to payment for all services rendered and accepted by the District.
18. That in rendering these services the District and the Contractor shall comply with Wyoming Rules and Regulations Governing Services for Children with Disabilities, the Wyoming State Board of Education Rules and Regulations Governing Entitlements under Section 309e of the Wyoming Education Code; the policies and procedures of the Districts, and shall have all the rights and protection of W.S. 21-2-501 through W.S. 21-2-502.
19. That the District shall state below pertinent accreditations, licenses and certifications which indicate that the contractor or subcontractor is qualified to provide these services.

See attached

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20. That this agreement shall not become effective nor be deemed valid until it has been duly signed by both parties.

- a. In witness thereof, the parties have entered into this agreement at Gillette, Wyoming, the day and year first above written.  
(City)
- b. \_\_\_\_\_ (Date)  
(Chairman, Board of Trustees of the District)
- c. \_\_\_\_\_ (Date)  
(Clerk, Board of Trustees of the District)
- d. \_\_\_\_\_ (Date)  
(Chairman, Board of Directors, Contractor)
- e. \_\_\_\_\_ (Date)  
(Individual Consultant)

21. I certify that the Board of Trustees of this District has duly authorized the expenditures for the services described herein and that I have the authority to sign this agreement for the Board of Trustees.

\_\_\_\_\_  
(Signature of District Superintendent) (Date)