



**PRIVATE PROVIDER AGREEMENT  
by and between**

**SCHOOL FOR AUTISTICALLY IMPAIRED LEARNERS (“S.A.I.L.”)**

and

\_\_\_\_\_ (individually or collectively “Parent”)

WHEREAS, S.A.I.L. is a registered private provider for the Ohio Autism Scholarship Program (“ASP”); and

WHEREAS, Parent is either the parent or guardian of \_\_\_\_\_, and has chosen S.A.I.L. to provide services under the ASP;

NOW THEREFORE, S.A.I.L. and Parent agree as follows:

I. Period Services Provided (Check applicable period(s))	Prorated Date if Applicable
_____ July 1 – September 30	_____
_____ October 1 – December 32	_____
_____ January 1 – March 31	_____
_____ April 1 – June 30	_____

**II. Due Dates for Parent’s Statement of Costs:**

for July 1 – September 30	-	Due October 3
for October 1 – December 31	-	Due January 3
for January 1 – March 31	-	Due April 1
for April 1 – June 30	-	Due July 2

Each SAIL family is eligible to receive \$20,000.00 per fiscal year. \$7,000.00 for the first ODE/ASP enrolled quarter, \$7,000.00 for the second ODE/ASP enrolled quarter, and \$6,000.00 for the third ODE/ASP enrolled quarter – thus, one quarter across any fiscal year is not funded. The parent agrees to pay SAIL for services for their child at the rate of \$2,333.33 per month.



A copy of Parent's Statement of Costs Due is to be kept by both Parent and S.A.I.L..

**III. Check which payment method is applicable:**

\_\_\_\_\_ Parent will receive payment from the State of Ohio Department of Education ("ODE") on or about the end of October, January, April and July. Such payment is to be signed over to S.A.I.L. on the next business day after receipt by parent.

**OR**

\_\_\_\_\_ Parent shall pay for services in advance. Parent will keep reimbursement check from the Ohio Department of Education.

**IV. A. Parent has applied and been accepted under the ASP for the child to be provided services under this Agreement and that child is:**

Age \_\_\_\_\_  
(must be 3 – 21 years of age)

**B. Parent has consented to release records to S.A.I.L. and has provided S.A.I.L. with a copy of the Parental Consent Form required by the ASP.**

**C. The child's resident school district is:**  
\_\_\_\_\_.

**D. The child is enrolled in the district of residence in any grade from pre -school through twelve or is eligible to enter the same in the school year in which a scholarship is received, and has no other agreement for special education services by contract or agreement between the district and another public provider or district.**

**E. Parent has copied S.A.I.L. with its ODE/ASP approval/acceptance letter.**

**IV. S.A.I.L. agrees to provide services to meet the goals and objectives on the child's current IEP and to report progress to the Parent.**



V. Parent agrees to :

- bring child to the designated area ( \_\_\_\_\_ )  
for attendance as scheduled
  - comply with ODE rules of the ASP
  - supplement the progress of his/her child at home as directed by S.A.I.L., and
  - to communicate concerns with the S.A.I.L. representative, Dr. Marion Boss
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IN WITNESS WHEREOF, Parent and S.A.I.L. agree to the terms and conditions above.

PARENT

\_\_\_\_\_

\_\_\_\_\_  
Date

S.A.I.L.

By: \_\_\_\_\_

\_\_\_\_\_  
Date

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
Date