ATTACHMENT A

IN-SCHOOL NURSING SERVICES (REGISTERED NURSING AND LICENSED PRACTICAL NURSING) AGENCY'S FEES AND CERTIFICATION OF HOURS OF SERVICE

I. AGENCY'S FEE

Hourly Fee – Registered Nursing Services $_____

Hourly Fee – Licensed Practical Nursing Services $_____

Hourly Fee – Prescribed Time Model $_____
(Nurse visit per student during regular school hours)

Hourly Fee – Cluster Model (One nurse for several students at the same school site during regular school hours) $_____

Hourly Fee – Constant Monitoring/Continuous Supervision Model (Services for students who may require the availability of a RN or LPN on-site during regular school hours) $_____

II. CERTIFICATION OF HOURS OF SERVICE

Agency agrees to provide the estimated number of hours of services, as specified below, to students with disabilities, from October 1, 2011 to September 30, 2012, at the hourly fee specified above (Item I):

Registered Nursing _____

Licensed Practical Nursing _____