



LEA Collaborative Team



Meeting Agenda

Date of Meeting	Friday, 11/17/2023
Meeting Time	3:15 to 4:30 PM via ZOOM invitation
Agenda Prepared By	Ashley Cobb, Assistant to the Director, Fiscal Service
Note Taker:	Pauline Kawahara, Administrative Assistant, Business Services
LEA Collaborative Team Members	
Anthony Warnecke Fiscal Services Administrator	Regan Pope Psychologist
Diana Taylor Site Administrator	Kisha McMullen-Thrower Behavior Specialist
Michelle Sebastian SPED Dept. District Representative	Monique Le Occupational Therapist
Chad Freeman Pupil Services District Representative	Yesenia Baker Elementary Counselor
Eileen Riedell Nurse	Ina Alexandre Secondary Counselor
Dotie Blasé Speech Language Pathologist	Jenni Laris Community Representative
Gowri Arakere Speech Language Pathologist	David Ferguson Parent
Jennifer McCoy Speech Language Pathologist	Enedilia Medina District Liaison-Homeless/Foster
No:	Description of Each Agenda Item
1.	Welcome & Introductions – Attendance/Establish Quorum Review Meeting Norms – via ZOOM
2.	Discussion Items a) Financial Report – As of November 14, 2023
3.	Approve Items a) Meeting Minutes – August 25, 2023 b) Funding Requests – Total cost of all requests: \$88,284.00 <ul style="list-style-type: none"> 3.b.1 Jenni Laris, Student Services, Project K.I.N.D., \$55,000.00 3.b.2 Eileen Riedell, Health Services, Amazon, \$544.55 3.b.3 Eileen Riedell, Health Services, CSNO, \$34.80 3.b.4 Eileen Riedell, Health Services, SchoolNurse.com, \$190.31 3.b.5 Eileen Riedell, Health Services, CSNO, \$874.00 3.b.6 Marisela Recendez, Special Education, Amazon, \$3,639.48 3.b.7 Marc Avant, Special Education, Read Naturally, \$1,380.00 3.b.8 Sara Wheaton, Special Education, Moby Max, \$790.00 3.b.9 James McKeegan, Special Education, Read Naturally, \$1,725.00 3.b.10 Gowri Arakere, Speech Pathologist, Pro-Ed, \$1,795.50 3.b.11 Dotie Blasé, Speech Pathologist, Pro-Ed, \$9,428.75 3.b.12 Celine Monninger, Speech Pathologist, East Valley SELPA, \$393.90 3.b.13 Joi Richardson, Speech Pathologist, Western Psychological Services \$6,036.06 3.b.14 Jennifer McCoy, Speech Pathologist, Pearson, \$4,431.02 3.b.15 Jennifer McCoy, Speech Pathologist, CalECSE, \$496.21 3.b.16 Rosa Gonzalez, Special Education, CalECSE, \$1,028.21 3.b.17 Gilda Dixon, School Psychologist, CalECSE,, \$496.21
4.	Upcoming Meetings: January 26, 2024, April 26, 2024 Agenda requests for January 26, 2023 due to Ashley's Informed K12 queue on January .19, 2024



LEA Collaborative Team



Minutes 8-25-2023

No:	Description of Each Agenda Item	Meeting Notes
1.	Welcome – Ashley Cobb, Facilitator, LEA Collaborative Team	<ul style="list-style-type: none"> Meeting called to order at 3:18 pm by Ashley Cobb Committee Members present: Michelle Sebastian, Chad Freeman, Eileen Riedell, Dotie Blase, Gowri Arakere, Jennifer McCoy, Regan Pope, Monique Le, Ina Alexandre, Jenni Laris, David Ferguson Guests: Sara Wheaton Members Absent: Anthony Warnecke, Diana Taylor, Kisha McMullen-Thrower, Enedilia Medina
2.	Discussion Items	a) Financial Report – Michelle Liu presented Financial Report as of August 21, 2023
3.	Approve Items M/S=Motioned/Seconded Motion carried, unless otherwise noted	a) Meeting Minutes – April 21, 2023, approved as presented M/S Chad Freeman/Jennifer McCoy b) Funding Requests <ul style="list-style-type: none"> 3.b.1. Eileen Riedell, School Health M/S Regan Pope/Jennifer McCoy 3.b.2. Eileen Riedell, School Health M/S Michelle Sebastian/Jennifer McCoy 3.b.3. Michelle Sebastian, Regan Pope ORP Services M/S Jennifer McCoy/Monique Le 3.b.4. Michelle Sebastian, Clinical Fellowship hours M/S Dotie Blasé/Regan Pope 3.b.5. Gowri Arakere, SLP Now M/S Dotie Blasé/Monique Le 3.b.6. Jennifer McCoy, speechpahtology.com M/S Regan Pope/Dotie Blasé 3.b.7. Sara Wheaton, Heggerty M/S Monique Le/Dotie Blase 3.b.8. Anthony Warnecke, Practi-Cal M/S Monique Le/Dotie Blasé c) Amendment to Bylaws M/S Jennifer McCoy/Dotie Blase
4.	Comments	Meeting adjourned at 3:46 pm
	Upcoming Meetings Fridays 3:15 – 4:45 pm	<ul style="list-style-type: none"> October 27, 2023, January 26, 2024, April 26, 2024

Alvord Unified School District LEA Medi-Cal Billing Funds Request Form

[CLICK HERE] for Funding Guidelines

Name of Requestor: Jenni Laris **Date:** 08/29/2023

Department/Service Area: Riverside County Physician's Memorial Foundation/ Project K.I.N.D.

Site: Fiscal Services

VENDOR NAME AND ADDRESS	Riverside County Physician's Memorial Foundation/ Project K.I.N.D. P.O. Box 2425 Riverside, CA 92516
PHONE # OF VENDOR	951-686-1976

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) <i>Please stay within Funding Guidelines on page 2</i>	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
Article II, Section 8	1. Healthcare including: a) immunizations, b) vision and hearing testing	1.00	55,000.00	55,000.00
	and services, c) dental services, d) physical		0.00	0.00
	examinations, diagnostic, and referral services,		0.00	0.00
	e) health and medical supplies, f) mobile head		0.00	0.00
	lice treatment.		0.00	0.00
			Subtotal	55,000.00
		Tax	8.75%	
			Shipping	
	TOTAL			55,000.00

Are other local/site funding resources available? If yes, please describe: No

We are not aware of other local/site funding resources available.

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

The LEA funding guidelines described in Section 8 are in-line with Project KIND services. Services set forth in Ed Code 8804(g) are available to the students of AUSD and families will have a \$0.00 out of pocket cost.

Requested by (print name): Jenni Laris **Signature:** Jenni Laris

Approved by (print name): Chad Freeman **Signature:** Dr. Chad Freeman

Budget Code:

Budget Code:

Date: 08/18/2023

Site: Fiscal Services


VENDOR NAME AND ADDRESS	Riverside County Physician's Memorial Foundation/ Project K.I.N.D. P.O. Box 2425 Riverside, CA 92516
PHONE # OF VENDOR	951-686-1976 ext. 316

[illegible]

Are other local/site funding resources available? If yes, please describe: We are not aware of any other organization in the community that will offer free medical, vision, dental, pharmaceutical, and head lice services.

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

The LEA funding guidelines described in Section 8 are in-line with Project KIND services. Services set forth in Ed Code 8804(g) are available to the students of AUD and families will have a \$0.00 out of pocket cost.

Requested by (print name): Jenni Laris Signature: 

Approved by (print name): _____ Signature: _____

Funding Guidelines:

Article II. Section 8 LEA Medi-Cal Billing Option Provider Participation Agreement

Reinvest federal funds received for LEA services into LEA services for school children and their families. LEA Medi-Cal Billing Option Program reimbursement may be reinvested in allowable LEA services as set forth in Education Code Section 8804(g).

Sample re-investments may include:

2. Health care, including:
 - a. Immunizations
 - b. Vision and hearing testing and services
 - c. Dental Services
 - d. Physical examinations, diagnostic, and referral services
 - e. Prenatal care
 - f. Health and Medical Supplies
3. Mental health services, including primary prevention, crisis intervention, assessments, and referrals, and training for teachers in the detection of mental health problems.
4. Substance abuse prevention and treatment services
5. Family support and parent education, including child abuse prevention and school age parenting programs.
6. Academic support services, including tutoring, mentoring, employment, and community service internships, and in-service training for teachers and administrators.
7. Counseling, including family counseling and suicide prevention.
8. Services and counseling for children who experience violence in their communities.
9. Nutrition services
10. Youth development services, including mentoring, recreation, career development, and job placement.
11. Case management services.
12. Provisions of on-site Medi-Cal eligibility workers
13. Assessments/testing

Article II. Section 9 LEA Medi-Cal Billing Option Provider Participation Agreement

Ensure the LEA's administrative costs are necessary and reasonable for the proper and efficient administration of the program. The cost of professional and consultant services are allowable when reasonable in relation to the services rendered and when not contingent upon recovery of costs from the federal government, as provided in OMB Circular A-87 32(a).

Alvord Unified School District LEA Collaborative Bylaws

Article II. Section 1.5. Travel & Conference Reimbursement

- a) Travel & Conference Requests need to be submitted on the LEA Medi-Cal Billing Funds Request Form. Reimbursement can only occur once the Funds Request Form has been approved by LEA Collaborative and a CF in Informed K12 has been approved. This bylaw is to be reviewed on an annual basis.
- b) Meals will not exceed the District Board Policy BP3350 including the tax and gratuities. If meals are provided by the conference, the meals will not be reimbursed by the District or LEA.

Maximum allowable rates:

Year	Breakfast	Lunch	Dinner	Incidental	TOTAL
2021-22	\$13	\$15	\$23	\$5	\$56
2022-23	\$13	\$15	\$26	\$5	\$59

- c) The following requests will not be permitted: Hotel, airfare, shuttle to and from airports.



PROJECT K.I.N.D.
"Kids In Need of Doctors"

Memorandum of Understanding (MOU)

Between

Riverside County Physicians Memorial Foundation/Project K.I.N.D (PK)

And

Alvord Unified School District

2023-2024 School Year

This is an agreement between Riverside County Physicians Memorial Foundation on behalf of Project K.I.N.D., hereinafter called FOUNDATION, and Alvord Unified School District hereinafter called DISTRICT.

1. Purpose and Scope

The purpose of this MOU is to clearly identify the roles and responsibilities of each party as they relate to the collaboration and partnership by FOUNDATION in the delivery of providing access to healthcare to children ages 5-17, attending schools within the Alvord Unified School District. This MOU is to establish the nature of the relationship between FOUNDATION and DISTRICT.

2. Background

The Riverside County Physicians Memorial Foundation is committed to addressing children's health care and community health needs in Riverside County. Project K.I.N.D. is a community based collaborative effort of professional health care providers offering health services to children, ages 5-17, attending Riverside County public schools that are ineligible for federal or state assistance and are without private insurance. FOUNDATION'S mission is to provide these children with access to quality medical, dental and vision care. The relationship between the health of children and their ability to take advantage of education is a primary focus of FOUNDATION. Children who are unhealthy cannot achieve their full academic and social potential in the classroom. FOUNDATION is a non-profit 501(c)3 charitable organization.

3. Responsibilities Under this MOU

- **FOUNDATION** shall undertake the following:
 - A. Expand and maintain the network of volunteer medical, dental, vision and pharmacy health care professionals. Ensure current licensure and liability coverage is obtained and kept on file.
 - B. Coordinate appointment within 24 hours for child's treatment and advising parents of appointment details. FOUNDATION services will only be given to qualified children and in some instances, children may be removed if parents do not adhere to FOUNDATION

policies.

- C. Ensure children treatment plans are case managed properly and treatment completed whenever possible.
 - D. Maintain constant communication with DISTRICT nurses and update on new participating providers and services. Inform DISTRICT nurse of outcome of Intake Form generated to FOUNDATION.
 - E. Ensure PHI is protected by following HIPPA security guidelines.
 - F. Ensure all employees and volunteers who have access to DISTRICT children information are fingerprinted and cleared by the Department of Justice.
 - G. Attend and serve on DISTRICT SARB hearings .
 - H. Attend LEA monthly meetings and update collaborative on FOUNDATION events and news.
- **DISTRICT** shall undertake the following:
 - A. Identify qualified children with acute medical, dental and/or vision need and generate Intake Form to FOUNDATION.
 - B. Provide contact information for referred children and parents.
 - C. Ensure PHI is protected by following HIPPA security guidelines.
 - D. Encourage DISTRICT Nurses to attend FOUNDATION coalition meetings.
 - E. Connect FOUNDATION leadership staff to any DISTRICT departments that would benefit from FOUNDATION services and partnership.
 - F. Invite FOUNDATION leadership staff to DISTRICT department meetings where funding may be available in support of FOUNDATION.
 - G. DISTRICT commits to supporting PK with a funding contribution of \$55,000.00 for general PK services for the 2023-2024 school year.



Dolores L. Green
Executive Director

Riverside County Physicians Memorial Foundation

Alvord Unified School District

8/29/23
Date

Date

Alvord Unified School District LEA Medi-Cal Billing Funds Request Form

[CLICK HERE] for Funding Guidelines

Name of Requestor: Eileen Riedell **Date:** 11/07/2023

Department/Service Area: Health Services

Site: Health Services

VENDOR NAME AND ADDRESS	Amazon Capital Services Inc. PO Box 035184 Seattle, WA 98124
PHONE # OF VENDOR	888-280-4331

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
1F	Transfer Belt with Handles	21.00	15.99	335.79
1F	Transfer Belt with Leg Loops	5.00	32.99	164.95
			Subtotal	500.74
		Tax	8.75%	43.81
			Shipping	0.00
	TOTAL			544.55

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

Items will help enhance care delivered to all students with health care needs requiring physical support. Items will assist in meeting their activities of daily living, thus enhancing in-person attendance and increasing classroom instruction time.

Requested by (print name): Eileen Riedell **Signature:** Eileen Riedell

Approved by (print name): Chad Freeman **Signature:** Dr. Chad Freeman

Budget Code:

Budget Code:

Riverside 92503

Health, Household & Baby Care ▾

Enter keyword or prod

Shop breakroom supplies

EN

Hello, NANCY

Account for Alvord Unified ...

Lists

Business Prime

26

Health & Personal Care

Household Supplies

Vitamins & Diet Supplements

Baby & Child Care

Health Care

Sports Nutrition

Health & Wellness

Medical Supplies & Equipment

FSA Eligible Items

amazon business

Support veteran-owned businesses

Shop now ▸

Health & Household › Medical Supplies & Equipment › Mobility & Daily Living Aids › Mobility Aids & Equipment



Roll over image to zoom in

Vive Gait Belt (300lbs) Transfer Belt with Handles - Medical Nursing Safety Patient Assist - Bariatric, Elderly, Handicap, Physical Therapy - PT Gate Strap Quick Release Metal Buckle, Grabbing Teeth

Visit the Vive Store

4.5

7,795 ratings

| 55 answered questions

Amazon's Choice

3K+ bought in past month

Price: ~~\$15.99~~ (\$15.99 / Count)
FREE Returns

One-Day

Don't forget to checkout with Pay by Invoice -
with no interest or fees.

Brand	Vive
Size	1 Count (Pack of 1)
Use for	Back
Age Range (Description)	Adult
Color	Black

About this item

- Nylon, Plastic, Metal
- EASY MOVEMENT & TRANSFERS FROM A TRUSTED BRAND: Safely assist patients or loved ones with ease using our transfer belt. The 7 padded handles allow for support from any angle, reducing the risk of caregiver injury and preventing falls.
- COMFORT FIRST: Our transfer belt features 7 padded handles for a comfortable yet secure grip, making it easy for caregivers to assist their patients or loved ones.
- FLEXIBLE & ADJUSTABLE: Our transfer belt is adjustable to fit waists up to 51", with a durable metal buckle that locks in place and a quick-release latch for easy removal.
- DURABLY DESIGNED: Constructed with strong nylon webbing and reinforced stitching, our transfer gait belt is exceptionally strong and extra-wide (4 inches) for added comfort and pressure dispersion. An ADA compliant product, it safely supports up to 300 pounds.
- 100% SATISFACTION GUARANTEE: With our 60-day guarantee, you can purchase with confidence knowing that we stand behind our product.

Top reviews for business



Lavona M. Anderson

Heavy duty material

Reviewed in the United States on June 5, 2018

\$15.99 (\$15.99 / Count)

One-Day

FREE Returns

FREE delivery Tomorrow,
November 8. Order within 3 hrs
31 minsDeliver to HEALTH - Riverside
92503

In Stock

Qty: 1

Add to Cart

Secure transaction

Sold by Vive Health Direct and
Fulfilled by Amazon.Return policy: Returnable until Jan
31, 2024

FSA or HSA eligible Details

☐ Add a gift receipt for easy
returns

Add to List

 Posey®
A TED® Products BrandPosey 6531L Walking Belt and
Patient Gait Belt, Pastel, Long, 74"
★★★★★ 55
~~\$15.99~~

Sponsored

Deliver to WELLS
Riverside 92503

Industrial & Scientific ▾

Enter keyword or product number

Shop breakroom supplies +

Home & Kitchen > Living Room > Seating > Sofas > Sectional > Industrial & Scientific

ENR

HARDWARE > ACCOUNT FOR POWER TOOL

Lists

Business Prime

0

Industrial & Scientific

Lab

Test & Measurement

Safety

Janitorial & Facilities

Food Service

Education

Material Handling

Materials

Metalworking

Electrical

FSA Eligible Items

Deals

amazonbusiness

Support and shop Black-owned businesses ▶

Health & Household > Medical Supplies & Equipment > Mobility & Daily Living Aids > Bedroom Aids & Accessories > Transfer Boards



VIDEO



Roll over image to zoom in

Vive Transfer Belt with Leg Loops - Medical Nursing Safety Gait Assist Device - Bariatrics, Pediatric, Elderly, Occupational and Physical Therapy - Long Strap and Quick Release Metal Buckle - 52 Inch

Visit the Vive Store

4.2

1,075 ratings | 18 answered questions

50+ bought in past month

Price: **\$32.99**

Two-Day

FREE Returns

Don't forget to checkout with Pay by Invoice - with no interest or fees.

- **MOVE AND TRANSFER WITH EASE:** Easily help loved one and patient move from the bed to the chair, assist in physical therapy or ambulation without embarrassing accidents or harmful falls. The transfer gait belt also allows for assistance from any angle to reduce caregiver injuries.
- **EXTRA SECURE LEG STRAPS:** Integrated into the wide four-inch gait belt, two adjustable leg loops anchor the belt in place. This prevents the belt from riding up on the patient and distributes the weight evenly for a more comfortable experience. The strong nylon webbing features reinforced stitching for exceptional durability, extra security and peace of mind.
- **QUICK ON AND OFF BUCKLES:** Quickly and easily adjust the belt for a customized fit up to 52" in circumference. The durable metal buckle has teeth to secure the transfer belt until the quick release latch is activated. Leg straps are secured with easy to use plastic buckles that fully adjustable for the perfect fit.
- **COMFORTABLY PADDED HANDLES:** Reinforced, padded handles provide a grip that is comfortable and secure. Four vertical handles located on the back of the belt and two horizontal side handles allow assistance to be given at any angle for additional safety.
- **VIVE GUARANTEE:** 60 day unconditional guarantee so you can purchase now with confidence.

[About the product](#) | [Compare with similar products](#) | [Reviews and Q&A](#)

Top reviews for business



Jeff Ely

This gait belt allows easy use of good body mechanics

Reviewed in the United States on June 1, 2018

Verified Purchase

I am a physical therapist since 1989 and very tiny. This is exactly what I need to ensure safety with large clients with transfers and lifting. This gait belt allows easy use of good body mechanics.

See all

Report incorrect product information.

Consider this Quantity Discount

Amazon's Choice



Leetye Mei Transfer Sling for Seniors, Widened Back Curve Design Transfer Belt for Movement, Transfer Boards for Bedridden Patient, Bed Assist Handle, Back Lift Belt for Patient Care (Blue-C)

(165)

\$19.98 (\$19.98/Count)

Save 20% on 2+ units

\$32.99

Two-Day

FREE Returns

FREE delivery **Thursday, November 9**. Order within 9 hrs 13 mins

Deliver to HEALTH - Riverside
92503

In Stock

Qty: 1

Buying in bulk?

Add to Cart

Secure transaction

Sold by Vive Health Direct and
Fulfilled by Amazon.

Return policy: Returnable until Jan 31, 2024

Shows what's inside. Item often ships in manufacturer container to reduce packaging. To hide what's inside, choose Ship in Amazon packaging at checkout.

☐ Add a gift receipt for easy returns

Add to List



Leetye Mei Transfer Sling for Lifting Seniors, Transfer Belt with Widene...

\$19.98 ✓prime

\$14.98 with quantity discounts

Sponsored



(immediate download) Just released!

Store / Guidelines for Physical Health-Care Services in Educational Settings-2020-2023

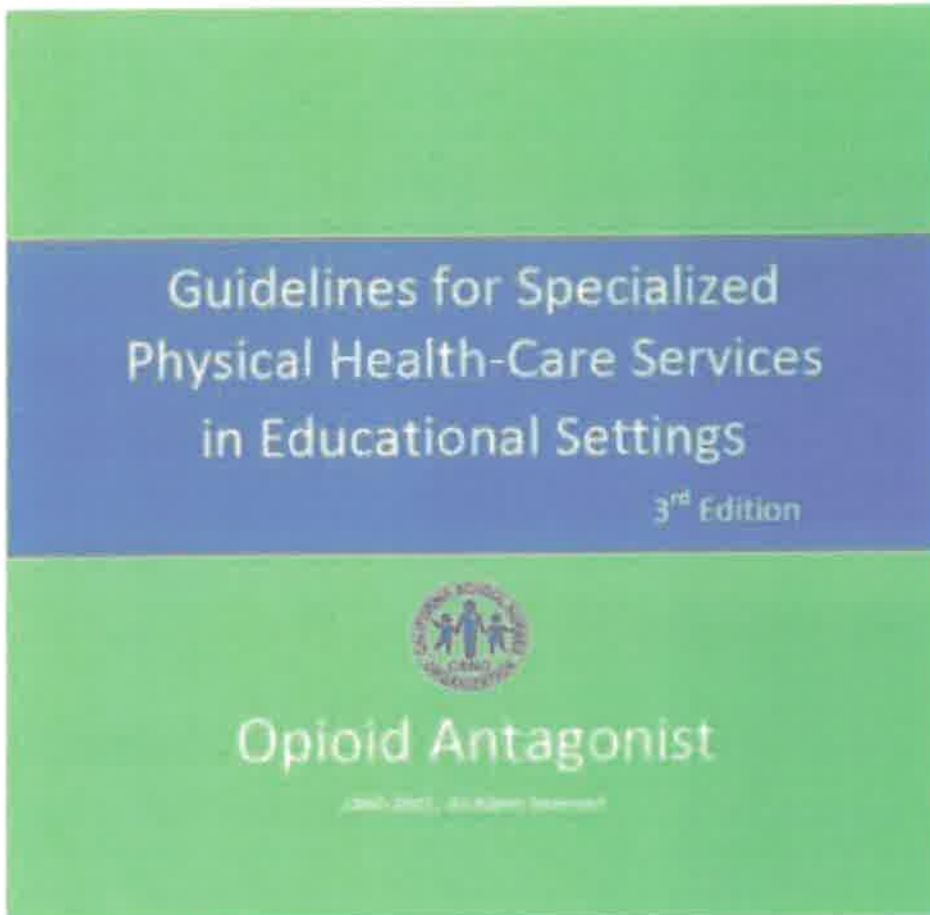
\$32.00

Pricing options

- ☒ Member price
- ☐ Non-member price (+\$72.00)

Quantity:

Add to Bag



Product Details

OPIOID ANTAGONIST MODULE: SPECIALIZED PHYSICAL HEALTH CARE PROCEDURE IN EDUCATIONAL SETTING-(DIGITAL MEDIA LINK)

 My Account

 Track Orders

 Shopping Bag

[All Products](#) > Legal Resource for School Health Services SOFT COVER

Legal Resource for School Health Services SOFT COVER

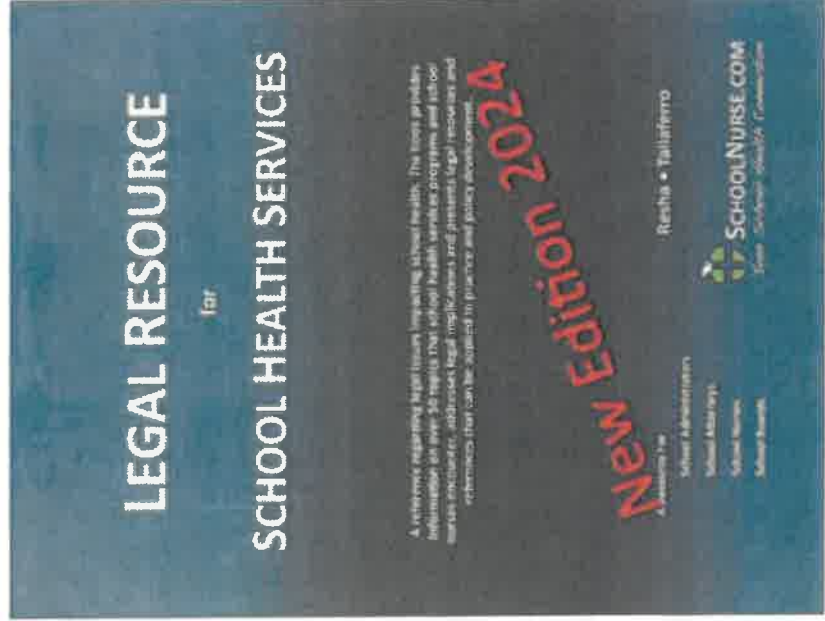
This valuable resource is an evidence-based time-saving reference that addresses 60 legal issues impacting the delivery of health services in the K-12 school environment and provides guidance for regulatory compliance—as well as defining the issue and responsibilities of school health providers and administrators

Quantity

1

\$175.00

Add to cart



**Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form**

Item 3.b.5

[CLICK HERE] for Funding Guidelines

Name of Requestor: Eileen Riedell **Date:** 11/07/2023

Department/Service Area: Health Services

Site: Health Services

VENDOR NAME AND ADDRESS	California School of Nurses Organization 3511 Del Paso Rd. #160 Sacramento, Ca. 95835
PHONE # OF VENDOR	916-448-5752

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
1-Health Care	CSNO Annual Membership Active Member	5.00	160.00	800.00
1-Health Care	CSNO Annual Membership Student	1.00	74.00	74.00
			Subtotal	874.00
		Tax	8.75%	
			Shipping	0.00
	TOTAL			874.00

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

CSNO is an organization that provides California school nurses the opportunity to acquire continuing education units (CEUs) on a wide variety of topics related to our field. Online as well as in person. A membership to the organization allows our district nurses to gain knowledge and stay current on the most updated evidenced based practices in school nursing enhancing optimal care for Alvord students.

Requested by (print name): Eileen Riedell **Signature:** Eileen Riedell

Approved by (print name): Chad Freeman **Signature:** Dr. Chad Freeman

Budget Code:

Budget Code:



YOUR CSNO MEMBERSHIP

Our #1 focus is to support you!
Benefits Highlights

Learning

High-rated State and Section professional online and in-person learning experiences at discounted rates with contact hours offered

Leadership & Mentorship

Leadership opportunities, networking, one-on-one mentoring, support & expertise from school nurses

SPHCES

Updated "Guidelines for Specialized Physical Health-Care Services in Educational Settings" Modules at member price

Position Statements

Updated position statements for school nursing services to support CSNO school nurse members in their practice

TOGETHER WE SHINE



Scholarship and Research Awards opportunities for you and your children

Awards

Gift certificates that cover eye exams and glasses for your students eligible for the program

VSP Eyes of Hope

Ongoing updates via CSNO website and the bimonthly newsletter

Updates

School nurse member forums, circles, school health laws and evidenced-based practices

Members only access

Membership Level	Annual plan (Early-Bird NOW thru Sept 30, 2023)	Annual plan (Regular price from Oct 1, 2023 thru Jun 30, 2024)	Recurring Subscription Bi-annual plan Jul 1 to Dec 31 and Jan 1 to Jun 30, (Early-Bird NOW thru Sept 30, 2023)	Recurring Subscription Bi-annual plan Jul 1 to Dec 31 and Jan 1 to Jun 30, (Regular price from Oct 1, 2023 thru Jun 30, 2024)	Recurring Subscription Quarterly plan Jul 1-Sept 30, Oct 1-Dec 31, Jan 1-Mar 31, Apr 1-Jun 30 (Early-Bird NOW thru Sept 30, 2023)	Recurring Subscription Quarterly plan Jul 1-Sept 30, Oct 1-Dec 31, Jan 1-Mar 31, Apr 1-Jun 30 (Regular price from Oct 1, 2023 thru Jun 30, 2024)
Active	\$124	\$160 X \$5	\$62 on Jul 1 \$62 on Jan 1	\$80 on Jul 1 \$80 on Jan 1	Not available	Not available
Associate	\$124	\$160 -	\$62 on Jul 1 \$62 on Jan 1	\$80 on Jul 1 \$80 on Jan 1	Not available	Not available
Retired/Student	\$62	\$74 X	\$31 on Jul 1 \$31 on Jan 1	\$37 on Jul 1 \$37 on Jan 1	\$15.50 every 3 months \$0	\$18.50 every 3 months \$0
Lifetime	\$0	\$0	\$0	\$0	Not available	Not available
Member-at-Large	\$124	\$160	\$62 on Jul 1 \$62 on Jan 1	\$80 on Jul 1 \$80 on Jan 1	Not available	Not available
Corporate	\$258	\$258	Not available	Not available	Not available	Not available

Checkout (5 items)



1

Group

FOOTHILL ES
Group under Alvord Unified School District

2

Business order information

PO number: x

Change

3

Shipping address

FOOTHILL ES
8230 Wells Ave.
Riverside, CA 92503

Change

4

Payment method

Pay by Invoice

Change

^ Add a promotional code

Enter code

Apply

Submit order for approval

By placing your order, you agree to the Amazon Business Accounts Terms and Conditions and Amazon's privacy notice.

Order Summary

Items (5):	\$3,346.65
Shipping & handling:	\$0.00
Total before tax:	\$3,346.65
Estimated tax to be collected:	\$292.85

Order total: \$3,639.50

How are shipping costs calculated?
Prime shipping benefits have been applied to your order.

5 Review items and shipping

Your order requires approval

- You can place the order but please note that it may not comply with your organization buying policies View admin notes (1)
- To add comments for your approver or to add an approver, go to the Business order information step

Dates optimized for fewest deliveries

Since this is a large order, we are offering Consolidated Shipping on eligible items to minimize your deliveries, but faster options may be available. You can change your delivery options below.

Estimated Delivery: Depends on Approval For example, if approved now:

Tuesday, Nov. 14

Items shipped from Amazon.com



Children's Factory, Angeles
Quiet Divider with Sound
Sponge 48"x72", Blueberry,
AB8450PB, Preschool Wall
Partition, Daycare or
Classroom Room Divider
\$669.33 Prime FREE Delivery

& FREE Returns

Business Price

Qty: 5

Sold by: Amazon.com Services

LLC

Add gift options

Choose your Prime delivery option:

- ☒ Tuesday, Nov. 14
FREE Prime Delivery
- ☐ Tuesday, Nov. 14
FREE Consolidated Shipping in fewest deliveries

Submit order for approval

Order total: \$3,639.50

By placing your order, you agree to the Amazon Business Accounts Terms and Conditions and Amazon's privacy notice.

For an item sold by Amazon.com: When you click the "Place your order" button, we'll send you an email message acknowledging receipt of your order. Your contract to purchase an item will not be complete until we send you an email notifying you that the item has been shipped.

Important information about sales tax you may owe in your state

You may return new, unopened merchandise in original condition within 30 days of delivery. Exceptions and restrictions apply. See Amazon.com's Returns Policy.

Need to add more items to your order? Continue shopping on the Amazon.com homepage.

[\[CLICK HERE\]](#) for Funding Guidelines

Name of Requestor: Marc Avant **Date:** 09/07/2023

Department/Service Area: Special Education

Site: Collett E.S.

VENDOR NAME AND ADDRESS	Read naturally 1284 Corporate Center Dr, Ste 600 Saint Paul, MN 55121-1279
PHONE # OF VENDOR	651-452-4085

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) <i>Please stay within Funding Guidelines on page 2</i>	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
1	Read Naturally Live, web based reading intervention and assessment program.	60.00	23.00	1,380.00
			Subtotal	1,380.00
		Tax	8.75%	
			Shipping	
	TOTAL			1,380.00

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

Read Naturally Live is a web based reading intervention program that supports our current Read Naturally softcover classroom reading intervention. Read Live has added features to help support phonemic awareness and learning, while providing access to the 11 step Read Naturally process in a controlled and organized environment. The 60 licenses will be a shared resource. 30 licenses for Collett E.S and 30 for Stokoe.

Requested by (print name): Marc Avant Signature: Marc Avant

Approved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:

Budget Code:



1284 Corporate Center Dr, Ste 600
Saint Paul, MN 55121-1279
phone: 800.788.4085 651.452.4085
fax: 651.452.9204
website: www.readnaturally.com

Quote No: Q216873
Quote Date: 9/7/2023

QUOTATION

This Quote Expires on: 10/7/2023

PO #
Bill to: COLLETT ELEMENTARY
Marc Avant
10850 COLLETT AVE
RIVERSIDE, CA 92505

PO #
Ship to: COLLETT ELEMENTARY
Marc Avant
10850 COLLETT AVE
RIVERSIDE, CA 92505

QUANTITY	ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
60	RL01C	Read Live Licenses Subscription period: 9/7/2023 through 9/7/2024	23.00	1,380.00

SUBTOTAL: \$1,380.00

SHIPPING: \$0.00

SALES TAX: \$0.00

ORDER TOTAL: \$1,380.00

ORDER NOTES

***Please provide the **name, phone number and email address** of the person who will be responsible for managing this Read Live account.

***Subscription Start and End dates are estimates only and will be confirmed upon order placement.

ORDER OPTIONS

Purchase Order:

- Email: customerservice@readnaturally.com
- Mail: 1284 Corporate Center Dr. #600
Saint Paul, MN 55121

Credit Card:

- Phone: 800.788.4085 option 2
- Online: www.readnaturally.com/make-payment
and follow on-screen prompts

Alvord Unified School District LEA Medi-Cal Billing Funds Request Form

[CLICK HERE] for Funding Guidelines

Name of Requestor: Sara Wheaton Date: 10/23/2023Department/Service Area: RSP/Special EducationSite: RMK E.S.

VENDOR NAME AND ADDRESS	Moby Max, LLC P.O. Box 392385 Pittsburgh, PA 15251
PHONE # OF VENDOR	888-793-8331

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
5a (Academic Support Services/Tutoring)	MobyMax ELA: 30 student licenses for one year	1.00	395.00	395.00
5a (Academic Support Services/Tutoring)	MobyMax Math: 30 student licenses for one year	1.00	395.00	395.00
			Subtotal	790.00
		Tax	8.75%	
			Shipping	
	TOTAL			790.00

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

MobyMax's adaptive-differentiated foundational curriculum is designed for the special education student to build foundational skills and master state standards. It can also be used for progress monitoring and to differentiate instruction.

Requested by (print name): Sara Wheaton Signature: Sara WheatonApproved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:

Budget Code:

MobyMax Quote

MobyMax, LLC
P.O. Box 392385 | Pittsburgh, PA 15251
888-793-8331

Quote For

Quote Date: October 19, 2023
District: Alvord Unified
School: Rosemary Kennedy Elementary
Quote Receiver: Sara Wheaton
Telephone: 9513581655
Email Address: sara.wheaton@alvordschools.org

Licenses Quoted

Subject: **MobyMax Math Student License**
Complete K-8 math curriculum including Math, Fact Fluency, Manipulatives, Fluency Games, and Numbers

Number of Students: 30 students
License Start: October 19, 2023
License End: October 19, 2024
Price: \$395.00

Subject: **MobyMax ELA Student License**
Complete K-8 ELA curriculum including Reading, Early Reading, Phonics, Language, Vocabulary, Reading Skills, Fluency Games, and Writing

Number of Students: 30 students
License Start: October 19, 2023
License End: October 19, 2024
Price: \$395.00

Subtotal \$790.00

Total amount due: \$790.00

Ways to Order

- **Fax to** 1-888-793-8330
- **Email to** billing@mobymax.com
- **Mail to:**
MobyMax
P.O. Box 392385
Pittsburgh, PA 15251
- **Call** 888-793-8331
- **Order online** with credit card or purchase order at www.mobymax.com/order.

Please Include with Purchase Order

- Email address or fax number for accounts payable department
- Dates for licensing period if license is not for one year
- A copy of this quote
- A copy of your tax exemption letter or certificate, if applicable

Quote expires after 90 days.

You can download our current W-9 form at www.MobyMax.com/w9.pdf.

If you are using ClassWallet, please add the ClassWallet fee to total amount due.



1284 Corporate Center Dr, Ste 600
Saint Paul, MN 55121-1279
phone: 800.788.4085 651.452.4085
fax: 651.452.9204
website: www.readnaturally.com

Quote No: Q218514
Quote Date: 10/30/2023

QUOTATION

This Quote Expires on: 12/13/2023

PO #
Bill to: ALVORD UNIFIED SCHOOL DISTRICT
James McKeehan
7 KPC PKWY
CORONA, CA 92879

PO #
Ship to: ALVORD UNIFIED SCHOOL DISTRICT
James McKeehan
7 KPC PKWY
CORONA, CA 92879

QUANTITY	ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
75	RL01C	Read Live Licenses Subscription period: 12/13/2023 through 12/13/2024	23.00	1,725.00

SUBTOTAL:	\$1,725.00
SHIPPING:	\$0.00
SALES TAX:	\$0.00

ORDER TOTAL: **\$1,725.00**

ORDER NOTES

Read Live Account Information:

Read Live Account ID: 00074893
Current Main Account Administrator: James McKeehan

Read Live Account Manager:

Customer Service, customerservice@readnaturally.com
800.788.4085 option 2

ORDER OPTIONS

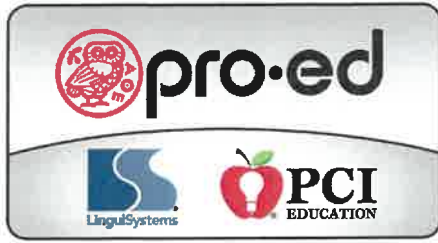
Purchase Order:

- Email: customerservice@readnaturally.com
- Mail: 1284 Corporate Center Dr. #600
Saint Paul, MN 55121

Credit Card:

- Phone: 800.788.4085 option 2
- Online: www.readnaturally.com/make-payment
and follow on-screen prompts

SLP name	SLP email ID	Requesting for site
Gowri Arakere	gowri.arakere@alvordschools.org	La Sierra High
Samantha Belton	samantha.belton@alvordschools.org	Lake Hills
Samantha Belton	samantha.belton@alvordschools.org	Rosemary Kennedy Elementary
Dotie BLASE	mary.blase@alvordschools.org	Arizona Middle School
Sunil Kathramalla	solomonraj.kathramalla@alvordschools.org	Orrenmaa Elementary
Joi Richardson	joi.richardson@alvordschools.org	Villegas
Arlene DeBord	arlene.debord@alvordschools.org	Stokoe
Mitch Trubio	michelle.trubio@alvordschools.org	Loma Vista
Marisol Rios	marisol.rios@alvordschools.org	Valley View
Drusilla Bowman	drusilla.bowman@alvordschools.org	Collett
Kayla Pulido	kayla.pulido@alvordschools.org	Promenade
Celine Monninger	celine.monninger@alvordschools.org	Promenade
Noelle Lomeli	noelle.lomeli@alvordschools.org	McAuliffe
Jennifer MCCoy	jennifer.mccoy@alvordschools.org	PK assessment team
Sage Coria	sage.coria@alvordschools.org	Foothill
Samantha De La Cruz	samantha.delacruz@alvordschools.org	Arlanza
Jessica Hernandez	jessica.hernandez@alvordschools.org	Myra Linn
Loida Ortiz	loida.ortiz@alvordschools.org	Wells MS



QUOTE
Prices valid for 30 days

Pro-Ed, Inc.
 1301 W 25th St, Suite 300
 Austin, TX 78705
 www.proedinc.com
 Phone: 800.897.3202 512.451.3246

Email or Fax PO to
 orders@proedinc.com
 Fax: 800.397.7633

Date	Customer ID	P.O. Number	Reference Number	Total Amount Due
11/08/2023			Q-80422	\$ 0.00

Billing Address

Gowri Arakere
 9 KPC parkway
 Corona
 Corona, CA 92879
 USA
 gowri.arakere@alvordschools.org
 951-892-0163

Shipping Address

Page	Terms	Order Type	Ship Via
1 of 1		Online QGS	BW

Product	Qty	Description	Price	Disc Rate	Amount
34040	18	FCP - R COMPLETE TEST	\$ 84.00		\$ 1,512.00

Notes	Product Amt	Shipping (est)	Tax Amt (est)	Total Amt
This quote, and unit availability and pricing shown, are not guaranteed and are subject to verification by PRO-ED upon submission of a valid purchase order by customer listed above and acceptance of the purchase order by PRO-ED. All test product sales subject to PRO-ED's Test User Qualification Policy at the time of purchase. This quote is valid for 30 days.	\$ 1,512.00	\$ 302.40	\$ 0.00	\$ 0.00
Quote requested by: gowri.arakere@alvordschools.org				

**Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form**

Item 3.b.11

[CLICK HERE] for Funding Guidelines

Name of Requestor: Dotie BLASE **Date:** 11/02/2023

Department/Service Area: SPECIAL EDUCATION- SPEECH

Site: Arizona M.S.

VENDOR NAME AND ADDRESS	Pro-Ed, Inc 1301 W 25TH ST, Suite 300 AUSTIN, TX 78705 www.proedinc.com; orders@proedinc.com; FAX 800.397.7633
PHONE # OF VENDOR	800-897-3202

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
10	Development Profile (DP4) Clinician Rating Print forms (5's)	35.00	32.00	1,120.00
10	DP 4 Parent/Caregiver Interview Form (25's)	20.00	155.00	3,100.00
10	DP 4 Teacher Print Checklist(25's)	16.00	155.00	2,480.00
10	DP 4 Spanish Parent /Caregiver Interview Forms(10's)	20.00	62.00	1,240.00
			Subtotal	7,940.00
		Tax	8.75%	694.75
			Shipping	794.00
	TOTAL			9,428.75

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

Case Management Services – These materials will supplement assessment of students with Medi-Cal covered speech services at their respective schools of residence (13 schools). This Supplementary Assessment will enhance the SLP's ability to support students with possible delays by identifying their communication needs from early childhood through adult school obtained thru observation and interviews. (see attachments)

Requested by (print name): Dotie Blase **Signature:** Dotie Blase

Approved by (print name): Michelle Sebastian **Signature:** Michelle Sebastian

Budget Code:

Budget Code:

GET QUALIFIED for B- and C-level tests.

Use our new online qualifications system to attach your professional credentials to your customer profile so you can unlock our assessment products for purchase in our webstore. Click on My Account in the top right corner after signing in to access your profile page and add your credentials today.

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DP-4: Developmental Profile, Fourth Edition, Complete Print Kit

Gerald D. Alpern

Product Number: 14944

Test Level: B

Format: KIT

Weight 0 lbs.0 oz.

Price:

\$ 439.00

1

[Add to Cart](#)

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Other Components and Related Products:

DP-4 Print Manual Price: \$ 138.00 [\(Add To Cart\)](#)

DP-4 Parent/Caregiver Interview Print Form (25) Price: \$ 138.00 [\(Add To Cart\)](#)

DP-4 Parent/Caregiver Print Checklist (25) Price: \$ 138.00 [\(Add To Cart\)](#)

DP-4 Teacher Print Checklist (25) Price: \$ 138.00 [\(Add To Cart\)](#)

DP-4 Clinician Rating Print Forms (5) Price: \$ 28.00 [\(Add To Cart\)](#)

DP-4 Spanish Parent/Caregiver Interview Print Forms (10) Price: \$ 55.00 [\(Add To Cart\)](#)

DP-4 Spanish Parent/Caregiver Print Checklist (10) Price: \$ 55.00 [\(Add To Cart\)](#)

DP-4 Spanish Teacher Print Checklist (10) Price: \$ 55.00 [\(Add To Cart\)](#)

Description

The fully revised fourth edition of the *Developmental Profile* retains the core elements of its predecessors while adding features that strengthen an instrument already considered the best of its kind. Like previous versions, the DP-4 evaluates children's functioning in five key areas (Physical, Adaptive Behavior, Social-Emotional, Cognitive, and Communication) in just 20 to 40 minutes, but now with a broadened age range.

New Features:

- Expanded age range now covers birth to 21 years, 11 months
- Growth scores for progress monitoring
- Updated items reflect changes in society, technology, and culture
- Two new forms improve overall evaluation: Teacher Checklist and Clinician Rating Form

DP-4 COMPLETE PRINT KIT INCLUDES: Examiner's Manual, 25 Parent/Caregiver Interview Print Forms, 25 Parent/Caregiver Print Checklists, 25 Teacher Print Checklists and 5 Clinician Rating Print Forms.

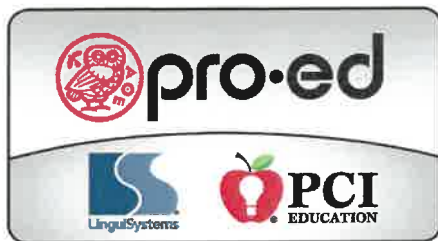
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Pro-Ed, Inc.
 1301 W 25th St, Suite 300
 Austin, TX 78705
 www.proedinc.com
 Phone: 800.897.3202 512.451.3246

Email or Fax PO to
 orders@proedinc.com
 Fax: 800.397.7633

Date	Customer ID	P.O. Number	Reference Number	Total Amount Due
11/02/2023		Pending approval by Sped Dept	Q-80015	\$ 9,349.35

Billing Address

Special Education Dept. ATTN: Diane Tankersley
 Alvord Unified School District
 9 KPC Parkway,
 CORONA, CA 92879
 USA
 diane.tankersley@alvordschools.org
 951 509 5045

Shipping Address

Special Education Dept. ATTN: Diane Tankersley
 Alvord Unified School District
 9 KPC Parkway,
 CORONA, CA 92879
 USA

Page	Terms	Order Type	Ship Via
1 of 1		Online QGS	BW

Product	Qty	Description	Price	Disc Rate	Amount
14949	35	DP-4 CLINICIAN RATING PRINT FORMS (5)	\$ 32.00		\$ 1,120.00
14946	20	DP-4 PARENT/CAREGIVER INTERVIEW FORM (25)	\$ 155.00		\$ 3,100.00
14948	16	DP-4 TEACHER PRINT CHECKLIST (25)	\$ 155.00		\$ 2,480.00
14950	20	DP-4 SPAN PARENT/CAREGIVER INTERVIEW FORMS (10)	\$ 62.00		\$ 1,240.00

Notes	Product Amt	Shipping (est)	Tax Amt (est)	Total Amt
This quote, and unit availability and pricing shown, are not guaranteed and are subject to verification by PRO-ED upon submission of a valid purchase order by customer listed above and acceptance of the purchase order by PRO-ED. All test product sales subject to PRO-ED's Test User Qualification Policy at the time of purchase. This quote is valid for 30 days.	\$ 7,940.00	\$ 794.00	\$ 615.35	\$ 9,349.35
Quote requested by: MARY.BLASE@ALVORDSCHOOLS.ORG				

Alvord Unified School District LEA Medi-Cal Billing Funds Request Form

[CLICK HERE] for Funding Guidelines

Name of Requestor: Celine Monninger **Date:** 11/03/2023

Department/Service Area: Special Education

Site: Promenade E.S.

VENDOR NAME AND ADDRESS	East Valley SELPA PDP #275. Jessie Turner Center 15556 Summit Avenue Fontana, CA 92336
PHONE # OF VENDOR	909-252-4502

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
1.2	Conference Registration for Celine Monninger, Hilary Ness, Arlene Debord	3.00	100.00	300.00
	mileage 47.8 mil RT x .655 =	3.00	31.30	93.90
			Subtotal	393.90
		Tax	8.75%	
			Shipping	
	TOTAL			393.90

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

Modeling communication through AAC devices is a critical aspect of facilitating language and communication development for students with complex communication needs. The ability to demonstrate effective use of these devices can significantly impact our students' progress and their overall learning experience.

Requested by (print name): Celine Monninger **Signature:** 

Approved by (print name): Michelle Sebastian **Signature:** Michelle Sebastian

Budget Code:

Budget Code:



Ted Alejandre, County Superintendent

San Bernardino County

Superintendent of Schools

Transforming lives through education

East Valley Special Education Local Plan Area Events Calendar

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[Event Directory](#)
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Search Calendar

Go

Open Access Region 10 Tier 1: AAC Foundations

(2 Day Event) 02/02/2024 - 02/09/2024

Event Dates: 02/02/2024 | 02/09/2024

8:30 am - 4:00 pm

Course Level: Intermediate

Attendance required for both days, February 2 & 9, 2024

Register

[Click Here to Register](#)

 Registration Deadline:
01/05/2024

Welcome to AAC Foundations!

We are looking forward to seeing you in our two learning sessions together.

AAC Foundations is part of Building Tiered Supports for AAC, and is the first of three tiers of training. Tier 2 -AAC Implementation, is for SLPs who are seeking certification as AAC Implementers. Tier 3 -AAC Specialization, is for SLPs who want to specialize in this area and are willing to train and coach others. These are your Open Access AAC Region 10 Leads.

These sessions were designed to not only give you new content or ideas to explore, but to connect, collaborate and engage in ways to make this information meaningful and to practice with some new skills. You will get the most out of these trainings if you are ready to start on time, and remain present and engaged throughout our time together. We will walk you through some opening routines at the start of our first session, to make sure everyone is ready to go, and then each subsequent session will start with some pre-session activity. All sessions will end with some post-session activity to extend your learning. The bulk of our time together will include lots of opportunities for you to be active (through polls, surveys, exploration, and collaboration in your groups). If you need to divert your attention and miss a step in the directions, just relax and observe. In order to get through everything we have planned, our presenters need to keep going.

Event Details

Audience The AAC Foundations trainings are designed to bring Speech-Language Pathologists together with Teachers, Occupational Therapists, Physical Therapists, School Psychologists, Behaviorist Specialists, Paraeducators...anyone who can play a critical role in a

Facilitator(s) Lisa Lucifora, M.S., CCC-SLP/L, AAC Specialist
Julie Gann, M.S., CCC-SLP/L, AAC Specialist
Open Access AAC Region 10 Leads

Included Materials, light breakfast, and lunch both days

Price \$ 100.00 per individual

This is a Pre-Pay Event, Purchase Orders are NOT accepted. No refunds.

Please make checks payable to **SBCSS**, send to: DILC/EV SELPA, Attn: Tami Goldstein, 670 E. Carnegie Dr., San Bernardino, CA 92408

If paying by credit card, our organization uses the credit card service, "AllPaid/GovPayNet", which charges a non-refundable service fee.

Please pay attention when paying with a credit card NOT TO CLICK MORE THAN ONCE when submitting your payment, be patient, your transaction takes a couple of seconds to process.

Location Jessie Turner Center
15556 Summit Avenue
Fontana, CA 92336
[Map](#) | [Driving Directions](#)

Maps and directions provided by [Google® Maps](#). Please verify map and driving directions for accuracy prior to attending event.

Credit Offered Continuing Education Unit (12 Hours Offered)

Affiliation: East Valley SELPA PDP #275.

Notes: This course meets the qualifications for 12.0 hours of Continuing Education (CE) credit for Speech-Language Pathologists and Speech-Language Pathology Assistants, as required by the Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board (SLPAHADB). The provider is East Valley SELPA PDP #275.

OMS Account Holders


[Login Here to Register for Event](#)

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Due to SLPAHADB requirements, participants must attend the entire conference to receive CE hours for that day. If CE credits are desired, please mail a check, money order (payable to SBCSS), or cash for \$10 to: Dorothy Inghram Learning Center/EVSELPA, Attn: Tami Goldstein, 670 E. Carnegie Drive, San Bernardino, CA 92408. Please include your name as you want it displayed on the certificate, your state license number, email address, the name and date of training. CE payment must be received or postmarked on, or before, March 8, 2024

Contact Tami Goldstein
tami.goldstein@sbcss.net
P: (909) 252-4502

Sponsor East Valley Special Education Local Plan Area



Organization Management System (OMS)

Event Registration Management Software Designed by and for K12 Education

OMS v7.1 © 2003-2023 - All Rights Reserved

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[Web Site Requirements](#)

LEA request for the CAPs (Clinical Assessment of Pragmatics)

<u>SLP Name</u>	<u>email</u>	<u>Site(s)</u>
Joi Richardson	joi.richardson@alvordschools.org	Villegas
Noelle Lomeli	noelle.lomeli@alvordschools.org	McAuliffe
Hilary Ness	hilary.ness@alvordschools.org	Stokoe
Samantha Belton	samantha.belton@alvordschools.org	Lake Hills
Ximena Talavera	ximena.talavera@alvordschools.org	RMK
Sunil Kathramalla	solomonraj.kathramalla@alvordschools.org	Orrenmaa
Jessica Hernandez	jessica.hernandez@alvordschools.org	Myra Linn
Gowri Arakere	gowri.arakere@alvordschools.org	La Sierra
Celine Monninger	celine.monninger@alvordschools.org	Promenade
Matt Ronayne	matt.ronayne@alvordschools.org	Norte Vista
Dotie BLASE	mary.blase@alvordschools.org	Arizona Middle School
Loida Ortiz	loida.ortiz@alvordschools.org	Wells MS
Mitch Trubio	Michelle.trubio@alvordschools.org	Loma Vista MS
Marisol Rios	marisol.rios@alvordschools.org	Valley View
Samantha De La Cruz	samantha.delacruz@alvordschools.org	Arlanza
Merissa Shelton	merissa.shelton@alvordschools.org	Terrace
Sage Coria	sage.coria@alvordschools.org	Foothill



Tel: (424) 201-8800
Tel: (800) 648-8857
Fax: (424)-201-6950
Email: customerservice@wpspublish.com

EIN 95-2483722

DUNS 041685686

Quote

Quote Number	Q26875
Quote Date	11/3/2023
Expiration Date	12/18/2023
Customer Number	19286

Western Psychological Services
625 Alaska Ave.
Torrance, CA 90503
www.wpspublish.com

Bill to:
Accounts Payable
Alvord Unified School District
9 Kpc Pkwy
Corona CA 92879-7102

Ship to:
Special Education
Alvord Unified School District
9 Kpc Pkwy
Corona CA 92879-7102

PO MUST REFERENCE QUOTE NUMBER

As a condition of this sale, Purchaser agrees not to duplicate, reproduce, or adapt the following materials in any manner, whether mechanically, electronically, or otherwise, or license others to do so.

Line	Item Number	Item Description	Quantity	Unit	Unit Price	Extended Price
1	W-699	CAPs Kit	17	Each	\$299.00	\$5,083.00

Subtotal	\$5,083.00
Shipping & Handling	\$508.30
Sales Tax (%)	\$489.24
Total	\$6,080.54

Please use your Customer Number (19286) when ordering or contacting WPS about your account.

Customer Comments:

Your quote will expire 12/18/2023. To ensure 2023 pricing, and delivery before our holiday closure, please submit your Purchase Order or payment to us by Monday, December 18th. Price increases take effect from 1/5/2024.



Tel: (424) 201-8800
Tel: (800) 648-8857
Fax: (424)-201-6950
Email: customerservice@wpspublish.com

EIN 95-2483722

DUNS 041685686

Quote

Quote Number	Q26875
Quote Date	11/3/2023
Expiration Date	12/18/2023
Customer Number	19286

Western Psychological Services
625 Alaska Ave.
Torrance, CA 90503
www.wpspublish.com

Dear Customer,

Thank you for your quotation request. Our quote is included with this letter. Please note all the following terms and conditions.

1. **TERMS:** All invoices are due and payable immediately upon receipt. Open accounts are allowed only for recognized U.S. public or government agencies that have submitted official purchase orders through appropriate purchasing channels (NOTE: WPS accepts certain Canadian purchase orders; see quote as applicable for details). All others must prepay. Note that additional terms may appear on the accompanying proforma invoice.
2. **SHIPPING AND HANDLING:** Shipments within the United States are charged a shipping and handling fee of 10% of the order total (\$5.00 minimum). For Canadian shipments, the fee is 20% of the order total (\$10.00 minimum). For most other countries, the fee is 25% of the order total (\$25.00 minimum; some destinations will require fees in excess of 25%). This fee includes all shipping charges plus charges for processing quotes, special invoicing, completion of customer-required forms, etc. Documentation of charges or freight bills is not provided, since shipping costs are only a part of this fee. The shipping and handling fee is an integral part of this quote, and your acceptance of this quote indicates your acceptance of this fee.
3. **INTERNATIONAL SHIPMENTS:** Title passes upon shipment. WPS cannot assume responsibility for delivery outside of the United States. Customs charges and duties may be applied to a shipment when it enters a foreign country. These charges are determined by the country's government and are collected by the package courier upon delivery of goods. The carrier, acting as customs broker, may also charge a processing fee that you are responsible for paying. WPS plays no role in assigning or collecting these duties.
4. **DELIVERY TIME:** Shipment will be made within approximately 10 days after receipt of your order. Occasionally there are circumstances beyond our control when particular items are not available, and we reserve the right to cancel these items from your order.
5. **PAYMENT:** All payments must be made in U.S. dollars using one of the following methods:
 - a. Visa, MasterCard, Discover, or American Express
 - b. Recognized official purchase order, per the "Terms" section above. Requisitions will not be accepted.
 - c. Check drawn on a U.S. bank, or international money order
 - d. ACH/Wire Transfer; please contact eft@wpspublish.com for details; subject to delayed processing for 1 to 2 weeks before shipment can be released
6. **ACCEPTANCE:** To accept this quote, we must receive your order within sixty (60) days of the quote date. In addition, your purchase order MUST state the quote number. This quote is automatically void if the order placed differs from this quote in any respect.
7. Manson Western, LLC, dba Western Psychological Services Federal ID Number: 95-2483722
8. All items listed without a price are considered "No Bid."
9. Due to increase in energy surcharges, the quoted shipping price is subject to change. Please reach out to customer service for a revised shipping total before final payment is made.

Sincerely,

2 of 2

Western Psychological Services

Alvord Unified School District LEA Medi-Cal Billing Funds Request Form

[CLICK HERE] for Funding Guidelines

Name of Requestor: Jennifer McCoy **Date:** 10/31/2023

Department/Service Area: Speech Department / Special Education

Site: RMK E.S.

VENDOR NAME AND ADDRESS	Pearson Pearson Assessment PO Box 599700 San Antonio, TX 78259
PHONE # OF VENDOR	800-627-7271

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
1.2	A103000185042 - CELF Preschool-3 Complete Kit (Print)	2.00	439.75	879.50
	0158036727 - CELF Preschool-2 Spanish Kit (Print)	6.00	532.50	3,195.00
			Subtotal	4,074.50
		Tax	8.75%	356.52
			Shipping	
	TOTAL			4,431.02

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

The CELF-P provides a flexible, multi-perspective assessment process for pinpointing a student's language and communication strengths and weaknesses, and for making educationally relevant recommendations for intervention and accommodations from ages 3-0-6-0. This assessment can be used to provide educationally based information during initial assessment, preschool to kindergarten transition assessment, or triennial assessments.

Requested by (print name): Jennifer McCoy **Signature:** Jennifer McCoy

Approved by (print name): Michelle Sebastian **Signature:** Michelle Sebastian

Budget Code:

Budget Code:

Quote / Proforma invoice

Quote number
10000103510978

Quote date
10/31/23

Order Quote

Status
Valid

Expiration date
12/15/23

Total
\$4,608.26

Shipping Jennifer McCoy
jennifer.mccoy@alvordschools.org
+19512315343



6411 Mitchell Ave.
Riverside, California, 92505-2055
United States

Shipping method Regular ground delivery

Billing 4501 Amb's Dr
Riverside, California, 92505
United States

Quote created by Jennifer McCoy

All prices quoted are in US Dollars

Line	Product		List Price	Qty	Discount	Line Total
1	A103000185042 - CELF Preschool-3 Complete Kit (Print)		\$439.75	2		\$879.50
2	0158036727 - CELF Preschool-2 Spanish Kit (Print)		\$532.50	6		\$3,195.00

Payment terms: Net 60 days

Pearson Assessment
PO Box 599700
San Antonio, TX 78259
Phone: +1 (800) 627-7271
Federal ID No: 41-0850527

Subtotal \$4,074.50
Shipping & handling \$162.98
Tax: \$370.78

PLEASE NOTE: You are being charged tax. If this is incorrect, please see our guide to requesting tax exemption.

Policies for quotes and purchases

All quotes and purchases are subject to Pearson's:

[Clinical Privacy Policy](#), [Clinical Permissions & Licensing](#),
[Clinical Terms of Sale & Use](#), [Clinical Legal Policies](#)

Total \$4,608.26

Quote expirations

A quote is valid for a maximum of 60 days from the date it is created, with these exceptions:

1. If a promotion code used for the quote expires before the 60 day time period ends, the quote expires on the

- promo code end date.
2. Quotes created less than 60 days prior to a pricing update will be valid until the day the pricing update takes effect.

To complete your order

Online order (recommended)

1. Sign in to your account using the Sign in button at the top right of any page
2. Click your profile dropdown (circle with your initials at the top right of the page)
3. Navigate to Quotes
4. Select the quote you would like to order and click Order from quote

You may also use the link in the email received after creating the quote to view your quotes.

If you need help, take a look at our [quotes support page](#).

Webform order

If you already have a Pearson account (non-website account for which you have an account number) and would like to use a purchase order, you may order directly via the PO submission webform. Please complete the form information and attach the purchase order PDF. **Enter the quote number in the notes field.** You will receive an order case number and email confirmation when your order has been received.

Phone order

Call us at +1 (800) 627-7271 to place your order. **Provide your quote number to the Customer Support Agent.** You may pay by credit card or purchase order.

Fax order

Download and complete the [fax order checklist](#). Fax the quote PDF you received after creating your quote, the PO, and the completed fax order checklist to +1 (800) 232-1223. Faxed orders may take up to 2 additional business days to process. For fastest processing, please use the online or webform ordering methods.

LEA Proposal for CELF-P3 English	
Name	Site
Samantha Belton	RMK (RMK's was given to preschool assessment team)
Merissa Shelton	Terrace

LEA Proposal for CELF-P2 Spanish	
Name	Site
Jessica Hernandez	Myra Linn
Arlene DeBord and Hilary Ness	Stokoe
Marisol Rios	Valley View
Sage Coria	Foothill
DeDe Bowman	Collett
Merissa Shelton	Terrace

Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form

Item 3.b.15

[CLICK HERE] for Funding Guidelines

Name of Requestor: Jennifer McCoy **Date:** 11/13/2023

Department/Service Area: Special Education

Site: RMK E.S.

VENDOR NAME AND ADDRESS	CalECSE Paradise Point Resort, San Diego, CA 1404 Vacation Rd. San Diego, CA 92109
PHONE # OF VENDOR	626-966-1679

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
1.2	Conference Registration	1.00	299.00	299.00
	Mileage	1.00	130.21	130.21
	Parking (\$22 per day)	2.00	22.00	44.00
	Meals (dinner only. Breakfast/Lunch included)	1.00	23.00	23.00
			Subtotal	496.21
		Tax	8.75%	
			Shipping	
	TOTAL			496.21

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

The conference focuses on early childhood topics (e.g. assessment, parent outreach, legal and policy updates). These topics directly relate to the current assessment of the preschool assessment team. The information gathered from this conference can be used to support parents and students as they participate in the assessment process with the school district

Requested by (print name): Jennifer McCoy **Signature:** Jennifer McCoy

Approved by (print name): Michelle Sebastian **Signature:** Michelle Sebastian

Budget Code:

Budget Code:

Alvord Unified School District

MILEAGE EXPENSE CLAIM

Month of: October 2023

Name: Jennifer McCoy

School/Department: RMK/SLP

Accounting Code

Fund	Location	Resource	PY	Goal	Function	Object

DATE	FROM	TO	CF #	MILES	Purpose	Amount
03/07/24	9KPC Parkway	1404 Vacation Rd		99.4	Conference	
03/08/24	3939 13th s	RMK		99.4	return form conference	
						-
						-
						-
						-
						-
						-
						-
						-
						-

Total Miles 198.8 at **\$0.655** per mile = 130.21

"I hereby certify that the above was necessarily incurred in the performance of my duty for the position indicated below and that I have received no profit from the expenditure(s) listed in this claim"

Page 1 of 1

Signature of Employee

Administrator

Speech-Language Pathologist
Position Title

Date

10/31/23
Date

RMK
Site/Department

Form Revised 7-7-17

****Reimbursements will be sent to the Site/Department as indicated above****

****Mileage claims are due ten (10) days from the conclusion of the month****

ALVORD UNIFIED SCHOOL DISTRICT

CLAIM FOR REIMBURSEMENT

DATE:

10/31/2023

Claim is made for reimbursement of expenses as outlined below:

1. Claims of reimbursement for the expense of conference registration, meals, lodging, airfare, public transportation, parking, etc., must have **original receipts attached** for each item.
2. Mileage and expense claims pertaining to conferences include the **Conference Form #** as shown on the approved conference request.
3. Conference requests must be Board approved before payment can be issued.
4. All reimbursement claims must be submitted to Fiscal Services within thirty (30) days from the conclusion of the event and/or conference

Date	Transportation Expenses			Other Expenses -- Purpose	Amount
	From	To	Miles	Please attach Original Receipts	
				<p>"Purpose"</p> <p>"Address"</p>	
Mileage will total automatically:			198.8	<p>→ at \$ 0.535 per mile =</p> <p>2017 Mileage Rate \$ 0.535 cents</p>	\$ 130.210
Include: Conference Flyer & Original Receipts					
Conference Form # CF _ _ _ _ _				TOTAL CLAIM =	\$ 130.21

(Budget Approval)

supplies \$ -

conf. \$ -

mileage \$ -

(Budget Code) XX-XXX-XXXX-X-XXXX-XXXX-XXXX

(Supervisor's Approval) (Date)

(Administrator's Approval) (Date)

Site/Department:

RMK

Vendor #

Employee: YES / NO

Jennifer McCoy

Employee #

"I hereby certify that the above was necessarily incurred in the performance of my duty for the position indicated below and that I have received no profit from the expenditure(s) listed in this claim"

(Claimant's Signature)

Position/Title: SLP

Date:

****Reimbursements will be sent to the Site/Department as indicated above****

9 KPC Pkwy
to 1404 Vacation Rd

1 hr 27 min

99.4 miles

IRS reimbursement: **\$65.13**



Head northeast. Go for 174 ft.

Then 0.03 miles



Turn right toward Anselmo Dr. Go for 243 ft.

Then 0.05 miles



Turn right onto Anselmo Dr. Go for 217 ft.

Then 0.04 miles



Turn slightly left onto KPC Pkwy. Go for 489 ft.

Then 0.09 miles



Turn right onto Sampson Ave. Go for 0.2 mi.

Then 0.2 miles



Turn right onto N McKinley St. Go for 0.2 mi.

Then 0.2 miles



Turn left and take ramp onto CA-91 W (Riverside Fwy). Go for 1.3 mi.

Then 1.3 miles



Take the exit toward San Diego onto I-15 S (Corona Fwy). Go for 84.0 mi.

Then 84.0 miles



Take exit 12 toward Downtown onto CA-163 S (Cabrillo Fwy). Go for 7.9 mi.

Then 7.9 miles



Take exit 3B toward Hotel Circle onto I-8 W (Kumeyaay Hwy). Go for 3.4 mi.

Then 3.4 miles



Take the exit toward West Mission Bay Dr/Sports Arena Blvd. Go for 0.3 mi.

Then 0.3 miles



Turn right onto W Mission Bay Dr. Go for 0.7 mi.

Then 0.7 miles



Keep left onto Ingraham St. Go for 0.8 mi.

Then 0.8 miles



Turn left onto Vacation Rd. Go for 0.2 mi.

Then 0.2 miles



Turn left. Go for 479 ft.

Then 0.09 miles



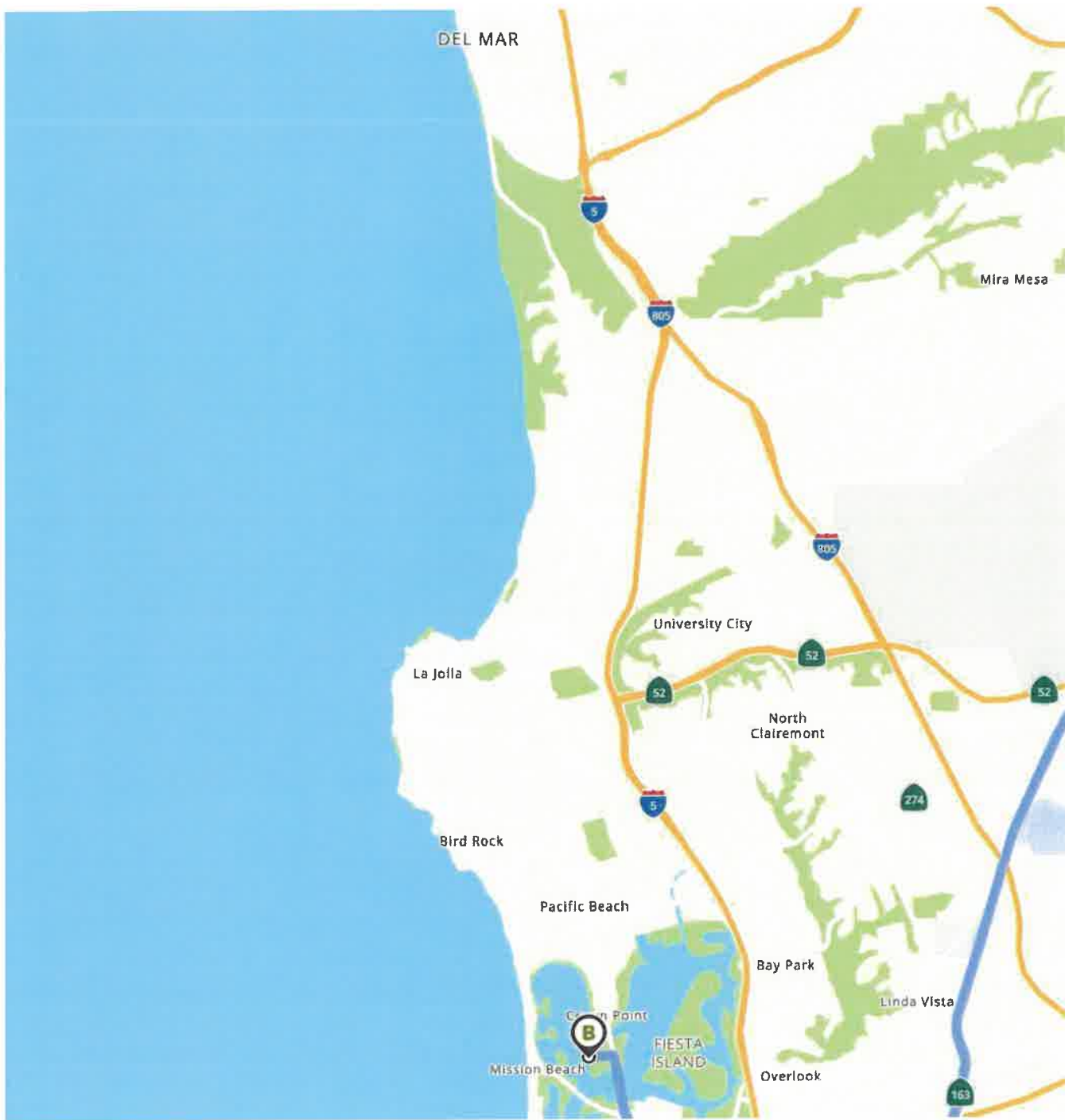
Turn right. Go for 197 ft.

Then 0.04 miles



1404 Vacation Rd

San Diego, CA 92109-7905



EVENT

"Be the One"

Inaugural CalECSE Symposium

March 7th - 8th, 2024

Early Childhood Special Education providers and related agencies play a critical role in the development of preschool-age students with disabilities. This symposium will provide professional learning and capacity building sessions for all participants, encouraging us all to "Be the One" in innovating our current systems to provide positive outcomes for California's youngest learners!

Keynote Speaker:

Keynote speaker Larkin O'Leary, co-founder of the [Common Ground Society](#), will be presenting the inaugural keynote message encouraging attendees to "Be the One" to make all children and families feel a sense of belonging through the development of meaningful connections and community support.



[Fostering Differences on Common Ground](#)
[Larkin O'Leary | TEDxSonomaCounty](#)



Larkin O'Leary
COO,
Common Ground
Society

Topics Include (but not limited to):

- Alternative Dispute Resolution
- Early Childhood Legal & Policy Updates
- AAC & AT
- Interagency Collaboration
(Including Regional Centers and Family Resources/Empowerment Centers)
- Early Childhood Assessment Practices
- Assessment Team Leadership
- Parent Outreach, Support and Family Empowerment
- Data Governance
- Innovative & Inclusive Preschool Practices
- Evidence Based Practices and Teaching/Therapy Techniques

Target Audience

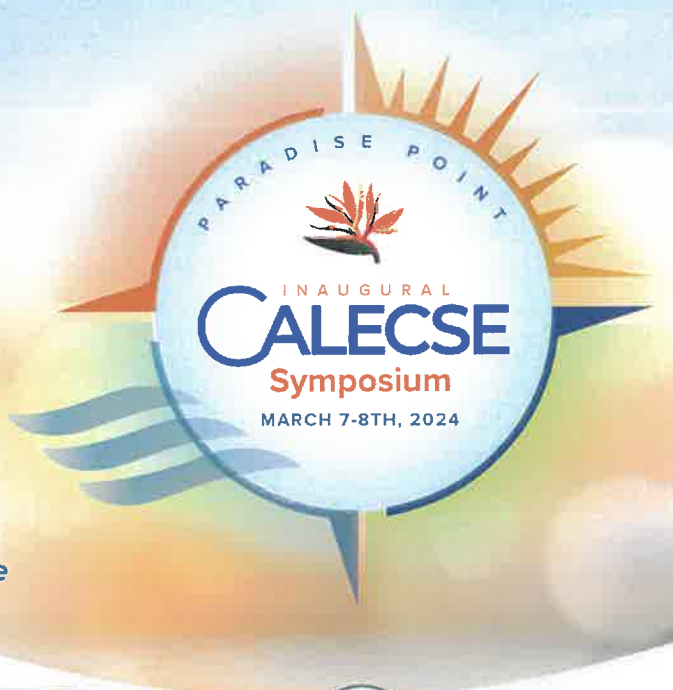
Early Childhood Special Education Teachers & Related Service Providers; Special Education Administrators; Pre-K School Psychologists; Regional Center Staff & Administrators; Family Support Agency Staff

Call for Presentation Proposals:

CalECSE Symposium "Be the One!" [Call for Proposals](#)

*You do not have to register in order to submit a presentation proposal. However, if you are submitting a proposal and choose to register early, your payment will not be processed until one week after proposals submissions have been reviewed and applicants have been notified of proposal decisions.

Vendors: CalECSE Symposium "Be the One!" [Vendor Interest Form](#)



DATES

March 7-8, 2024



LOCATION

**Paradise Point Resort
San Diego, CA**

Learn more at [ParadisePoint.com](#)



REGISTER NOW >

**Early Bird Registration by
November 7th, 2023 - \$249.00**

**Regular Registration on/after
November 8th, 2023 - \$299.00**

Breakfast and lunch are included in registration fees and will be provided on-site on March 7th and 8th. Information on how to book hotel rooms at a reduced nightly rate of \$259.00 will be emailed to attendees upon registration.



CALECSE

California Early Childhood
Special Education Network

SPECIAL EDUCATION CONFERENCE APPROVAL FORM

(This form MUST be **at least** 4 weeks in advance of the conference)

- ✓ **ALL** Conferences **MUST** be pre-approved by the Special Education Director
- ✓ Pre-register yourself. If payment required, select "Check". Attach registration confirmation to this request.
- ✓ No reimbursement will be paid without prior Director Approval. Attach copy of email approval to this request.
- ✓ Please be sure to set up your preferred subs in AESOP. Sub requests cannot be taken at our office.
- ✓ Deadline to request to attend a conference is 4 weeks prior to Annual Purchasing Deadline (usually during the last week of March)

Name: Jennifer McCoy Date of Request: 10/31/23

Date(s) of Conference: 03/07/24-03/08/24

Name of Conference: CaLECSE "Be the One" Symposium

Sponsoring company or organization: CaLECSE

Funding Source: LEA Registration: \$ 299.00+22 (parking per day)

Mileage \$130.21 Meals \$23 for dinner (breakfast/lunch included) Lodging \$0

(Attach a Google Maps print-out-mileage is calculated from district office, not home. Round trip x current IRS rate (.655)) (Current meal reimbursement is \$18.67 per meal)

Sub needed: YES **NO** Full Day _____ Half-Day _____

Times sub is needed: a.m. _____ p.m. _____ TOTAL COST: \$ 564.64

Relevance to your position: to keep updated on best practices, collaborate with other agencies, keep updated about new information for program changes or state policies and procedures relevant to preschool.

Goals of attending the conference (specifically what you expect to learn): increase knowledge about preschool related topics and obtain information from SELPA/other agencies.

How do you plan to use this information in your position? When educating parents during assessment and collaborating with colleges or other agencies.

How does this benefit students you serve? It supports child-find and supports parents and students who may need support as they enter the district's special education system.

How information will be shared:

☐ Oral report to PK assessment team/teachers on (date) TBD

☐ Written report to principal by (date) _____

Approvals:

_____, Principal Date: _____

_____, Director Date: _____

_____- _____- _____- _____- _____- _____- _____-
Fund school resource yr goal function object

Item 3.b.16

**Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form**

[CLICK HERE] for Funding Guidelines

Name of Requestor: Rosa Gonzalez **Date:** 11/13/2023

Department/Service Area: Special Education

Site: RMK E.S.

VENDOR NAME AND ADDRESS	Special Education Paradise Point Resort, San Diego, CA 1404 Vacation Rd. San Diego, CA 92109
PHONE # OF VENDOR	626-966-1679

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
1.2	Conference Registration	1.00	299.00	299.00
	Mileage	1.00	130.21	130.21
	Meals (dinner only. Breakfast/Lunch included)	1.00	23.00	23.00
	Parking (\$22 per day)	2.00	22.00	44.00
	Sub Coverage 3/7 and 3/8	2.00	266.00	532.00
			Subtotal	\$1,028.21
		Tax	8.75%	
			Shipping	
	TOTAL			\$1,028.21

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

The conference focuses on early childhood topics (e.g. assessment, parent outreach, legal and policy updates). These topics directly relate to the current assessment of the preschool assessment team. The information gathered from this conference can be used to support parents and students as they participate in the assessment process with the school district.

Requested by (print name): Rosa Gonzalez **Signature:** Rosa Gonzalez

Approved by (print name): Michelle Sebastian-AC **Signature:** Michelle Sebastian

Budget Code:

Budget Code:

Alvord Unified School District

MILEAGE EXPENSE CLAIM

Month of: October 2023

Name: Rosa Gonzalez

School/Department: RMK/preschool Assessment

Accounting Code

Fund	Location	Resource	PY	Goal	Function	Object

DATE	FROM	TO	CF #	MILES	Purpose	Amount
03/07/24	9KPC Parkway	1404 Vacation Rd		99.4	Conference	
03/08/24	3939 13th s	RMK		99.4	return form conference	
						-
						-
						-
						-
						-
						-
						-
						-
						-

Total Miles 198.8 → at **\$0.655** per mile = 130.21

"I hereby certify that the above was necessarily incurred in the performance of my duty for the position indicated below and that I have received no profit from the expenditure(s) listed in this claim"

Page 1 of 1

Signature of Employee

Administrator

Special Education Teacher
Position Title

Date

10/31/23
Date

RMK
Site/Department

Form Revised 7-7-17

****Reimbursements will be sent to the Site/Department as indicated above****
****Mileage claims are due ten (10) days from the conclusion of the month****

EVENT

"Be the One"

Inaugural CalECSE Symposium

March 7th - 8th, 2024

Early Childhood Special Education providers and related agencies play a critical role in the development of preschool-age students with disabilities. This symposium will provide professional learning and capacity building sessions for all participants, encouraging us all to "Be the One" in innovating our current systems to provide positive outcomes for California's youngest learners!

Keynote Speaker:

Keynote speaker Larkin O'Leary, co-founder of the [Common Ground Society](#), will be presenting the inaugural keynote message encouraging attendees to "Be the One" to make all children and families feel a sense of belonging through the development of meaningful connections and community support.



[Fostering Differences on Common Ground](#)
Larkin O'Leary | TEDxSonomaCounty



Larkin O'Leary
COO,
Common Ground
Society

Topics Include (but not limited to):

- Alternative Dispute Resolution
- Early Childhood Legal & Policy Updates
- AAC & AT
- Interagency Collaboration
(Including Regional Centers and Family Resources/Empowerment Centers)
- Early Childhood Assessment Practices
- Assessment Team Leadership
- Parent Outreach, Support and Family Empowerment
- Data Governance
- Innovative & Inclusive Preschool Practices
- Evidence Based Practices and Teaching/Therapy Techniques

Target Audience

Early Childhood Special Education Teachers & Related Service Providers; Special Education Administrators; Pre-K School Psychologists; Regional Center Staff & Administrators; Family Support Agency Staff

Call for Presentation Proposals:

CalECSE Symposium "Be the One!" [Call for Proposals](#)

*You do not have to register in order to submit a presentation proposal. However, if you are submitting a proposal and choose to register early, your payment will not be processed until one week after proposals submissions have been reviewed and applicants have been notified of proposal decisions.

Vendors: CalECSE Symposium "Be the One!" [Vendor Interest Form](#)



DATES

March 7-8, 2024



LOCATION

**Paradise Point Resort
San Diego, CA**

Learn more at [ParadisePoint.com](#)



REGISTER NOW >

**Early Bird Registration by
November 7th, 2023 - \$249.00**

**Regular Registration on/after
November 8th, 2023 - \$299.00**

Breakfast and lunch are included in registration fees and will be provided on-site on March 7th and 8th. Information on how to book hotel rooms at a reduced nightly rate of \$259.00 will be emailed to attendees upon registration.



CALECSE

California Early Childhood
Special Education Network

9 KPC Pkwy
to 1404 Vacation Rd

1 hr 27 min

99.4 miles

IRS reimbursement: **\$65.13**



Head northeast. Go for 174 ft.

Then 0.03 miles



Turn right toward Anselmo Dr. Go for 243 ft.

Then 0.05 miles



Turn right onto Anselmo Dr. Go for 217 ft.

Then 0.04 miles



Turn slightly left onto KPC Pkwy. Go for 489 ft.

Then 0.09 miles



Turn right onto Sampson Ave. Go for 0.2 mi.

Then 0.2 miles



Turn right onto N McKinley St. Go for 0.2 mi.

Then 0.2 miles



Turn left and take ramp onto CA-91 W (Riverside Fwy). Go for 1.3 mi.

Then 1.3 miles



Take the exit toward San Diego onto I-15 S (Corona Fwy). Go for 84.0 mi.

Then 84.0 miles



Take exit 12 toward Downtown onto CA-163 S (Cabrillo Fwy). Go for 7.9 mi.

Then 7.9 miles



Take exit 3B toward Hotel Circle onto I-8 W (Kumeyaay Hwy). Go for 3.4 mi.

Then 3.4 miles



Take the exit toward West Mission Bay Dr/Sports Arena Blvd. Go for 0.3 mi.

Then 0.3 miles



Turn right onto W Mission Bay Dr. Go for 0.7 mi.

Then 0.7 miles



Keep left onto Ingraham St. Go for 0.8 mi.

Then 0.8 miles



Turn left onto Vacation Rd. Go for 0.2 mi.

Then 0.2 miles



Turn left. Go for 479 ft.

Then 0.09 miles



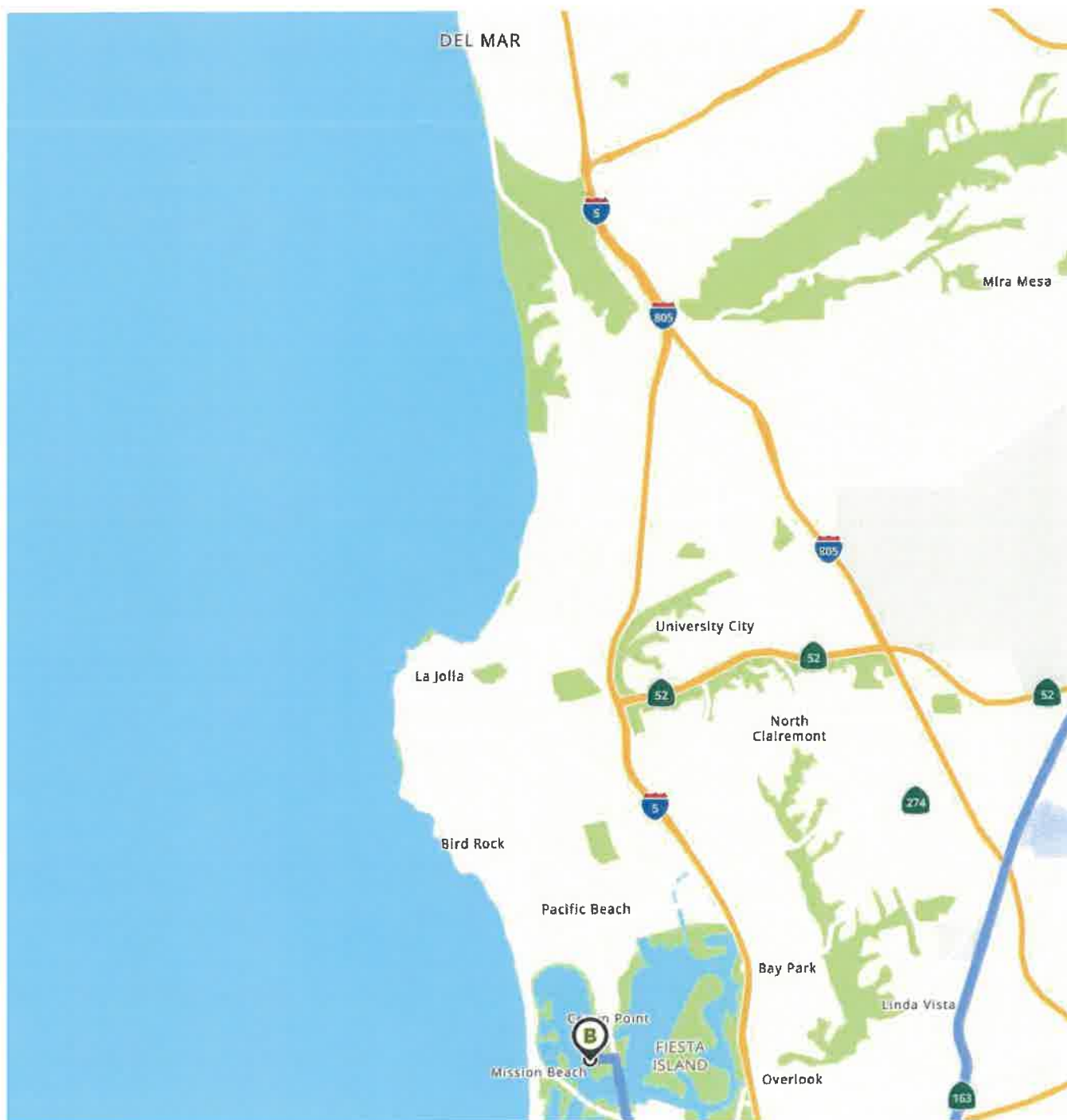
Turn right. Go for 197 ft.

Then 0.04 miles



1404 Vacation Rd

San Diego, CA 92109-7905



Alvord Unified School District

MILEAGE EXPENSE CLAIM

Month of: October 2023

Name: Rosa Gonzalez

School/Department: RMK/preschool Assessment

Accounting Code

Fund	Location	Resource	PY	Goal	Function	Object

DATE	FROM	TO	CF #	MILES	Purpose	Amount
03/07/24	9KPC Parkway	1404 Vacation Rd		99.4	Conference	
03/08/24	3939 13th s	RMK		99.4	return form conference	
						-
						-
						-
						-
						-
						-
						-
						-
						-

Total Miles 198.8 at **\$0.655** per mile = 130.21

"I hereby certify that the above was necessarily incurred in the performance of my duty for the position indicated below and that I have received no profit from the expenditure(s) listed in this claim"

Page 1 of 1

Signature of Employee

Administrator

Special Education Teacher

Position Title

Date

10/31/23

Date

RMK

Site/Department

Form Revised 7-7-17

****Reimbursements will be sent to the Site/Department as indicated above****

****Mileage claims are due ten (10) days from the conclusion of the month****

SPECIAL EDUCATION CONFERENCE APPROVAL FORM

(This form MUST be **at least** 4 weeks in advance of the conference)

- ✓ **ALL** Conferences **MUST** be pre-approved by the Special Education Director
- ✓ Pre-register yourself. If payment required, select "Check". Attach registration confirmation to this request.
- ✓ No reimbursement will be paid without prior Director Approval. Attach copy of email approval to this request.
- ✓ Please be sure to set up your preferred subs in AESOP. Sub requests cannot be taken at our office.
- ✓ Deadline to request to attend a conference is 4 weeks prior to Annual Purchasing Deadline (usually during the last week of March)

Name: Rosa Gonzalez Date of Request: 10/31/23

Date(s) of Conference: 03/07/24-03/08/24

Name of Conference: CaLECSE "Be the One" Symposium

Sponsoring company or organization: CaLECSE

Funding Source: LEA Registration: \$ 299.00+22 (parking per day)

Mileage \$130.21 Meals \$23 for dinner (breakfast/lunch included) Lodging \$0

(Attach a Google Maps print-out-mileage is calculated from district office, not home. Round trip x current IRS rate (.655)) (Current meal reimbursement is \$18.67 per meal)

Sub needed: YES **NO** Full Day _____ Half-Day _____

Times sub is needed: a.m. _____ p.m. _____ TOTAL COST: \$ 539.63

Relevance to your position: to keep updated on best practices, collaborate with other agencies, keep updated about new information for program changes or state policies and procedures relevant to preschool.

Goals of attending the conference (specifically what you expect to learn): increase knowledge about preschool related topics and obtain information from SELPA/other agencies.

How do you plan to use this information in your position? When educating parents during assessment and collaborating with colleges or other agencies.

How does this benefit students you serve? It supports child-find and supports parents and students who may need support as they enter the district's special education system.

How information will be shared:

☐ Oral report to PK assessment team/teachers on (date) TBD

☐ Written report to principal by (date) _____

Approvals:

_____, Principal Date: _____

_____, Director Date: _____

_____-_____-_____-_____-_____-_____-_____
Fund school resource yr goal function object

Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form

Item 3.b.17

[CLICK HERE] for Funding Guidelines

Name of Requestor: Gilda Dixon **Date:** 11/13/2023

Department/Service Area: Special Education

Site: RMK E.S.

VENDOR NAME AND ADDRESS	CalECSE Paradise Point Resort, San Diego, CA 1404 Vacation Rd. San Diego, CA 92109
PHONE # OF VENDOR	626-966-1679

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
1.2	Conference Registration	1.00	299.00	299.00
	Mileage	1.00	130.21	130.21
	Meals (dinner only. Breakfast/Lunch included)	1.00	23.00	23.00
	Parking (\$22 per day)	2.00	22.00	44.00
			Subtotal	496.21
		Tax	8.75%	
			Shipping	
	TOTAL			496.21

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

The conference focuses on early childhood topics (e.g. assessment, parent outreach, legal and policy updates). These topics directly relate to the current assessment of the preschool assessment team. The information gathered from this conference can be used to support parents and students as they participate in the assessment process with the school district.

Requested by (print name): Gilda Dixon **Signature:** Gilda Dixon

Approved by (print name): Michelle Sebastian **Signature:** Michelle Sebastian

Budget Code:

Budget Code:

**9 KPC Pkwy
to 1404 Vacation Rd**

1 hr 27 min

99.4 miles

IRS reimbursement: **\$65.13**



Head northeast. Go for 174 ft.

Then 0.03 miles



Turn right toward Anselmo Dr. Go for 243 ft.

Then 0.05 miles



Turn right onto Anselmo Dr. Go for 217 ft.

Then 0.04 miles



Turn slightly left onto KPC Pkwy. Go for 489 ft.

Then 0.09 miles



Turn right onto Sampson Ave. Go for 0.2 mi.

Then 0.2 miles



Turn right onto N McKinley St. Go for 0.2 mi.

Then 0.2 miles



Turn left and take ramp onto CA-91 W (Riverside Fwy). Go for 1.3 mi.

Then 1.3 miles



Take the exit toward San Diego onto I-15 S (Corona Fwy). Go for 84.0 mi.

Then 84.0 miles



Take exit 12 toward Downtown onto CA-163 S (Cabrillo Fwy). Go for 7.9 mi.

Then 7.9 miles



Take exit 3B toward Hotel Circle onto I-8 W (Kumeyaay Hwy). Go for 3.4 mi.

Then 3.4 miles



Take the exit toward West Mission Bay Dr/Sports Arena Blvd. Go for 0.3 mi.

Then 0.3 miles



Turn right onto W Mission Bay Dr. Go for 0.7 mi.

Then 0.7 miles



Keep left onto Ingraham St. Go for 0.8 mi.

Then 0.8 miles



Turn left onto Vacation Rd. Go for 0.2 mi.

Then 0.2 miles



Turn left. Go for 479 ft.

Then 0.09 miles



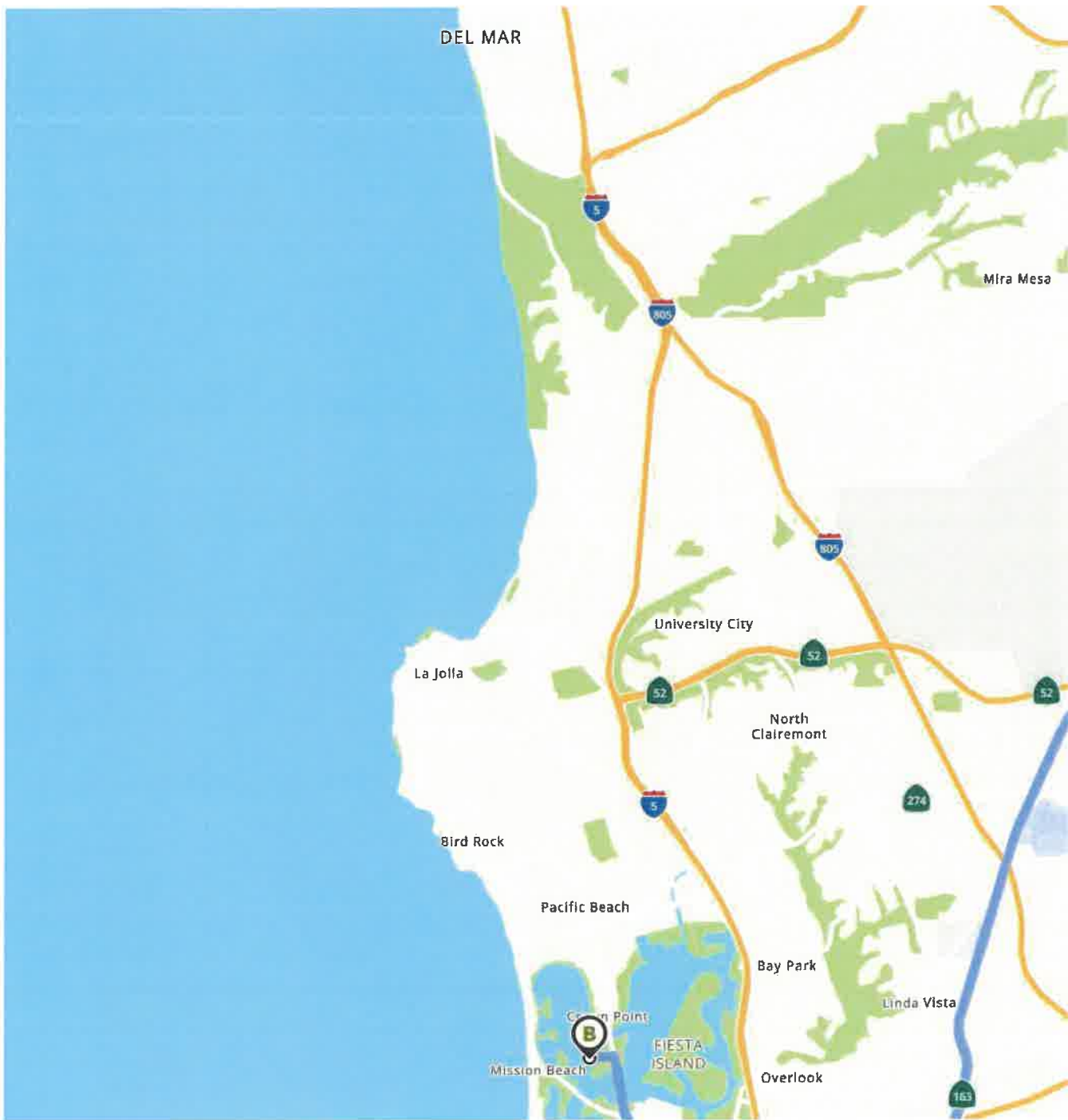
Turn right. Go for 197 ft.

Then 0.04 miles



1404 Vacation Rd

San Diego, CA 92109-7905



EVENT

"Be the One"

Inaugural CalECSE Symposium

March 7th - 8th, 2024

Early Childhood Special Education providers and related agencies play a critical role in the development of preschool-age students with disabilities. This symposium will provide professional learning and capacity building sessions for all participants, encouraging us all to "Be the One" in innovating our current systems to provide positive outcomes for California's youngest learners!

Keynote Speaker:

Keynote speaker Larkin O'Leary, co-founder of the [Common Ground Society](#), will be presenting the inaugural keynote message encouraging attendees to "Be the One" to make all children and families feel a sense of belonging through the development of meaningful connections and community support.



[Fostering Differences on Common Ground](#)
[Larkin O'Leary | TEDxSonomaCounty](#)

Topics Include (but not limited to):

- Alternative Dispute Resolution
- Early Childhood Legal & Policy Updates
- AAC & AT
- Interagency Collaboration
(Including Regional Centers and Family Resources/Empowerment Centers)
- Early Childhood Assessment Practices
- Assessment Team Leadership
- Parent Outreach, Support and Family Empowerment
- Data Governance
- Innovative & Inclusive Preschool Practices
- Evidence Based Practices and Teaching/Therapy Techniques

Target Audience

Early Childhood Special Education Teachers & Related Service Providers; Special Education Administrators; Pre-K School Psychologists; Regional Center Staff & Administrators; Family Support Agency Staff

Call for Presentation Proposals:

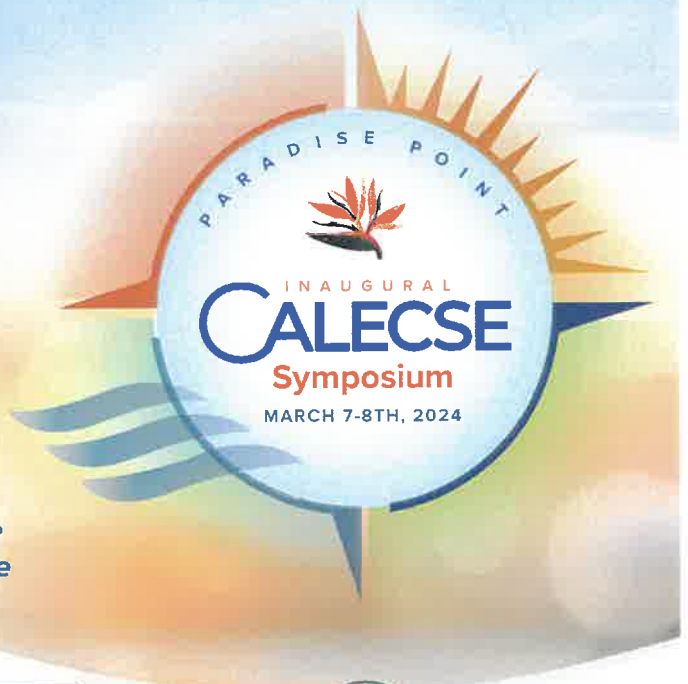
CalECSE Symposium "Be the One!" [Call for Proposals](#)

*You do not have to register in order to submit a presentation proposal. However, if you are submitting a proposal and choose to register early, your payment will not be processed until one week after proposals submissions have been reviewed and applicants have been notified of proposal decisions.

Vendors: CalECSE Symposium "Be the One!" [Vendor Interest Form](#)



Larkin O'Leary
COO,
Common Ground
Society



DATES

March 7-8, 2024



LOCATION

**Paradise Point Resort
San Diego, CA**

Learn more at [ParadisePoint.com](#)



REGISTER NOW >

**Early Bird Registration by
November 7th, 2023 - \$249.00**

**Regular Registration on/after
November 8th, 2023 - \$299.00**

Breakfast and lunch are included in registration fees and will be provided on-site on March 7th and 8th. Information on how to book hotel rooms at a reduced nightly rate of \$259.00 will be emailed to attendees upon registration.



CALECSE

California Early Childhood
Special Education Network

ALVORD UNIFIED SCHOOL DISTRICT

CLAIM FOR REIMBURSEMENT

DATE:

10/31/2023

Claim is made for reimbursement of expenses as outlined below:

1. Claims of reimbursement for the expense of conference registration, meals, lodging, airfare, public transportation, parking, etc., must have **original receipts attached** for each item.
2. Mileage and expense claims pertaining to conferences include the **Conference Form #** as shown on the approved conference request.
3. Conference requests must be Board approved before payment can be issued.
4. All reimbursement claims must be submitted to Fiscal Services within thirty (30) days from the conclusion of the event and/or conference

Date	Transportation Expenses			Other Expenses -- Purpose	Amount
	From	To	Miles	Please attach Original Receipts	
				<p>"Purpose"</p> <p>"Address"</p>	
Mileage will total automatically:			198.8	<p>→ at \$ 0.535 per mile =</p> <p>2017 Mileage Rate \$ 0.535 cents</p>	\$ 130.210
Include: Conference Flyer & Original Receipts					
Conference Form # CF _ _ _ _ _				TOTAL CLAIM =	\$ 130.21

(Budget Approval)

supplies	\$	-
conf.	\$	-
mileage	\$	-

(Budget Code) XX-XXX-XXXX-X-XXXX-XXXX-XXXX

(Supervisor's Approval) (Date)

(Administrator's Approval) (Date)

Site/Department: RMK

Vendor # Employee: YES / NO

Gilda Dixon Employee #

"I hereby certify that the above was necessarily incurred in the performance of my duty for the position indicated below and that I have received no profit from the expenditure(s) listed in this claim"

(Claimant's Signature)

Position/Title: SLP

Date:

****Reimbursements will be sent to the Site/Department as indicated above****

Alvord Unified School District

MILEAGE EXPENSE CLAIM

Month of: October 2023

Name: Gilda Dixon

School/Department: RMK/SLP

Accounting Code

Fund	Location	Resource	PY	Goal	Function	Object

DATE	FROM	TO	CF #	MILES	Purpose	Amount
03/07/24	9KPC Parkway	1404 Vacation Rd		99.4	Conference	
03/08/24	3939 13th s	RMK		99.4	return form conference	
						-
						-
						-
						-
						-
						-
						-
						-
						-

Total Miles 198.8 at **\$0.655** per mile = 130.21

"I hereby certify that the above was necessarily incurred in the performance of my duty for the position indicated below and that I have received no profit from the expenditure(s) listed in this claim"

Page 1 of 1

Signature of Employee

Administrator

Speech-Language Pathologist

Position Title

Date

10/31/23

Date

RMK

Site/Department

Form Revised 7-7-17

****Reimbursements will be sent to the Site/Department as indicated above****

****Mileage claims are due ten (10) days from the conclusion of the month****

SPECIAL EDUCATION CONFERENCE APPROVAL FORM

(This form MUST be **at least** 4 weeks in advance of the conference)

- ✓ **ALL** Conferences **MUST** be pre-approved by the Special Education Director
- ✓ Pre-register yourself. If payment required, select "Check". Attach registration confirmation to this request.
- ✓ No reimbursement will be paid without prior Director Approval. Attach copy of email approval to this request.
- ✓ Please be sure to set up your preferred subs in AESOP. Sub requests cannot be taken at our office.
- ✓ Deadline to request to attend a conference is 4 weeks prior to Annual Purchasing Deadline (usually during the last week of March)

Name: Gilda Dixon Date of Request: 10/31/23

Date(s) of Conference: 03/07/24-03/08/24

Name of Conference: CaLECSE "Be the One" Symposium

Sponsoring company or organization: CaLECSE

Funding Source: LEA Registration: \$ 299.00+22 (parking per day)

Mileage \$130.21 Meals \$23 for dinner (breakfast/lunch included) Lodging \$0

(Attach a Google Maps print-out-mileage is calculated from district office, not home. Round trip x current IRS rate (.655)) (Current meal reimbursement is \$18.67 per meal)

Sub needed: YES **NO** Full Day _____ Half-Day _____

Times sub is needed: a.m. _____ p.m. _____ TOTAL COST: \$ 564.64

Relevance to your position: to keep updated on best practices, collaborate with other agencies, keep updated about new information for program changes or state policies and procedures relevant to preschool.

Goals of attending the conference (specifically what you expect to learn): increase knowledge about preschool related topics and obtain information from SELPA/other agencies.

How do you plan to use this information in your position? When educating parents during assessment and collaborating with colleges or other agencies.

How does this benefit students you serve? It supports child-find and supports parents and students who may need support as they enter the district's special education system.

How information will be shared:

☐ Oral report to PK assessment team/teachers on (date) TBD

☐ Written report to principal by (date) _____

Approvals:

_____, Principal Date: _____

_____, Director Date: _____

_____-_____-_____-_____-_____-_____-_____
Fund school resource yr goal function object