



Lifesplan Physical Therapy
121 NW 6th Street
Guymon, OK 73942

Boise City Public School
Physical Therapy Services Agreement
Dept/School: **Special Education**

This Agreement is entered into on this the _____ day of _____ by and between **Lifesplan Physical Therapy, PLLC** herein called the "Contractor" and the **Boise City Public School**, herein called "District". The parties hereto agree as follows:

I. Purpose. The purpose of this contract is to provide physical therapy services to students receiving special education services from ~~Goodwell~~ ^{Boise City} public school district in accordance with the Individuals with Disabilities Education Act (IDEA), 20 USC 1400 et seq.

II. Term. The Contract will begin on the Date of Award, and terminate on July 2027 unless a sixty-day notice is given from either party. The Date of Award shall be the date the District has in its possession a copy of the Contract executed by both parties. This Contract includes an option to renew annually if both parties agree. The Contract shall not take effect and no services may be provided prior to the Date of Award.

III. Office and General Duties. Contractor shall serve as a contractor of the District and/or its affiliates, and any entities or trusts they may own or create, (collectively, the "District") and shall be responsible for contractor related duties for the District. Contractor agrees to perform such other reasonable duties for the District as may be assigned from time to time. Contractor shall direct and serve the District to the best of the Contractor's abilities in a diligent, trustworthy, businesslike and efficient manner. Contractor shall use the Contractor's best efforts, skill and knowledge to serve the District and shall faithfully adhere to, execute and fulfill all reasonable policies established by District. The Contractor shall:

- A. Conduct a standardized evaluation for any student referred to physical therapy related services to determine eligibility.
- B. Entry of the evaluation data into Ed plan.
- C. Develop physical therapy goals, objectives, testing data, strengths and weakness in Ed plan system yearly and/or as needed according to IEP team decision.
- D. Yearly assessment by physical therapist to update services, determine appropriateness of current IEP and coordinate goals and objectives with all staff.



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- E. Collaboration of services and goals with all staff including but not limited to regular education teachers, special education teachers, aides and other support staff as needed.
- F. Development of individualized sensory processing program modified as often as needed to promote academic success in classroom.
- G. Implementation of sensory strategies to help staff address behaviors as often as needed/requested by teacher/staff.
- H. Seating and positioning assessment with coordination of equipment purchase including communication with dealer/vendor to meet the requirements of authorization and justification of new equipment as needed. Documenting letters of medical necessity and coordination with medical provider, parent, student and staff in order to meet mobility needs in the educational environment.
- I. Delivery of on-site physical therapy services meeting or exceeding the minutes of service delivery promised on the Ed Plan.
- J. Quarterly Progress Note updates in Ed Plan system, making those accessible in a timely manner for teachers and family.

III. Compensation: The District agrees to pay the Contractor for the above services when satisfactorily performed. Payment will be made according to the following schedule:

Fee Schedule: PT evaluations/services will be provided at \$2.50 per minute. Services will be billed per minute with a 30 minute minimum. Required consultation to appropriately deliver physical therapy services will be billed the same as direct services. The contract does NOT invoice Guymon schools for mileage, travel time, or additional time spent documenting delivered services

The undersigned represent and warrant that they are authorized, as representatives of the party on whose behalf they are signing, to sign this Contract and to bind their respective party thereto.

Rachel Jones, PT, DPT Rachel Jones PT Date: 7-25-26
Lifesplan Physical Therapy

Signature of District Representative _____ Date: _____