

Memorandum of Understanding between the Brecksville-Broadview Heights Board of Education and the Brecksville-Broadview Heights Education Association (B.E.A.)

In order to assist the Brecksville-Broadview Heights school psychologists with compensation for the evaluation responsibilities created by the Peterson and Autism Scholarship Programs in non-public schools within the Brecksville-Broadview Heights School District (specifically Lawrence school, Assumption School, South Suburban Montessori, and St. Basil's/St. Michael's campus), the obligation to perform such evaluations will be rotated through the school psychologists within the district according to your full-time status (ex. Half-time psychologists would be assigned half the cases of a full time psychologist). The school psychologist may opt out of the rotation by the first teacher day of school, and will be in effect for the remainder of that school year and compensation will not be available to him/her. Once a school psychologist opts in to be part of the rotation, he/she must accept the responsibilities for the remainder of the given school year.

Report writing for the evaluations conducted for the above mentioned non-public schools will be done outside the work day and be compensated \$120.00 (approximately .0015 of the B.E.A. base salary x 2 hours) per student that requires a full report. Compensation for evaluations will only occur for fully completed evaluation team reports and not for any student where the district and parent have determined that the reevaluation is not necessary (a "waiver"). The attached timesheet shall be used to report the designated hours.

This memorandum is agreed to for the duration of the negotiated agreement which expires on June 30, 2015.

David C. Tryon, Board of education President

Date: _____

Bonnie Monteleone, B.E.A. President

Date: _____

**Brecksville-Broadview Heights City Schools
Non-Public Report Writing Timesheet**

Employee Name: _____
(Please print clearly)

Last 4 digits SSN#

Student Name: _____

*Code: L= Lawrence A=Assumption Academy
 SS=South Suburban SM= St. Michael/St Basil Campus

Date	Code*	Student Initials	TIME		Hours
			From	To	

TOTAL HOURS	
RATE OF PAY	\$60.00
AMOUNT DUE	

Employee's Signature

Director of Pupil Services Signature

Date: _____

Date: _____

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