



**Harwood  
Unified  
Union  
School  
District**

340 Mad River Park  
Suite 7  
Waitsfield, VT 05673

Phone: (802) 496-2272  
Fax: (802) 496-6515

## Request for Contracted Service Letter of Agreement (for providers not on HUUSD approved list)

**INSTRUCTIONS:**

1. Requests must be completed, submitted, and approved by Director of Student Support Services prior to letter of agreement is issued.

**Request form must include:**

- **Certificate of Insurance**
  - **Current VT License**
  - **W-9**
2. A separate request form must be filled out for each contracted service provider.
  3. Send all requests to Donarae Dawson, Director of Student Support Services.  
(fax 496-6515 or ddawson@wwsu.org)

### THIS SECTION TO BE COMPLETED BY BUILDING ADMINISTRATOR/PRINCIPAL

Name of Provider:	School:
Provider email:	Provider Phone #:

Type of Related Service:	Hourly Rate:	Other:
Attach the following:	Certificate of Insurance: <input type="checkbox"/>	Current VT License: <input type="checkbox"/> W-9: <input type="checkbox"/>

Date Service Begins:	Date Service Ends:
<b>SERVICES (check services to be provided):</b>	
Student evaluations <input type="checkbox"/>	Consultations <input type="checkbox"/> Staff Training/PD <input type="checkbox"/> Direct Service <input type="checkbox"/>

List initials of students that will be served (include plan type):

Administrator's Signature:	Date:
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### THIS SECTION TO BE COMPLETED BY CENTRAL OFFICE

Date Received:	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	If Denied, explain:
Director of Student Support Services Signature:			

Source of Funds/Code:	Agreement Letter Completed:
Criminal Record Check: Appointment Date (with Sherriff):	Check Completion Date: