

**Letter of Agreement**  
**Northwest Tri-County Intermediate Unit (IU5), Warren County School District (WCSD)**  
**and Warren State Hospital (WSH)**  
**2016-2017 School Year**

This Letter of Agreement is established to provide clear expectations and structure for the operation of the WCSD public special education program in the Warren State Hospital contracting with IU5 for services consistent with its obligations under (Section) §1306 (c)(1). It is the intent of both entities that the WCSD public special education program will operate in a well-coordinated fashion with all relevant WSH services for admitted youth, below 21 years of age. Both entities also agree that their respective federal and state regulations should be applied in a coordinated way.

The WCSD public special education program contracted with IU5 will operate according to the following procedure:

1. The program is provided upon the request/consent of the youth (ages 18-21 years) by the WSH to WCSD and IU5. Such consent will be the Consent for Student Evaluation for Special Education, which will include the additional provision that “This evaluation will include diagnostic observation and instruction between the WCSD and IU5 teacher for 60 days.” The student will complete the process for WCSD with assistance from WSH staff.
2. If the youth refuses any service, such refusal will be documented.
3. WSH will make available to WCSD and IU5 staff all available, relevant, diagnostic information that can be integrated into a multi-disciplinary team (MDT) evaluation and report. Appropriate WSH and IU5 staff will participate in the WCSD MDT evaluation, as appropriate and possible.
4. The WCSD and IU5 teacher will engage in the following activities as part of the MDT evaluation:
  - Data/record review (psychological, psychiatric information, etc.)
  - Evaluation of: (a) functional literacy and mathematics and (b) adjustment to institutional setting and (c) communication with the WSH treatment team and judicial system.
6. WSH staff will provide information about the youth’s school district of residence so that the IU5 teacher can comply with state law and regulations governing child accounting for fiscal payments among school districts.
7. If youth remain in WSH for more than 60 days from the date of the youth’s signed Consent for Evaluation, an IEP will be developed.

8. Contact persons for this Agreement are:

Mrs. Amy Stewart  
Warren Cty School District  
6820 Market Street  
Russell, PA 16345  
Phone: 814-723-6900  
Fax: 814-757-8584

Ms. Amber Baldensperger  
Warren State Hospital  
33 Main Drive  
North Warren, PA 16365  
Phone: 814-723-6900  
Fax: 814-726-4491

Ms. Christine Carucci  
Northwest Tri-County IU5  
252 Waterford St.  
Edinboro, PA 16412  
Phone: 814-734-8415  
Fax: 814-734-5806

The following signatures from WSH, IU5 and WCSD represent a commitment to the provisions of this Letter of Agreement.

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Mrs. Amy Stewart  
Superintendent

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Ms. Amber Baldensperger  
Director of Therapeutic  
Activities & Services

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Ms. Christine Carucci  
Director, Special Education

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Date

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Date

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