**Letter of Cooperation**
**Northwest Tri-County Intermediate Unit (IU5), Warren County School District (WCSD) and Warren State Hospital (WSH)**
**2019-2020 School Year**

This Letter of Cooperation 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 with necessary consent 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 Cooperation are:

| | | |
|---|---|---|
| Ms. Donna Zariczny<br>Warren Cty School District<br>6820 Market Street<br>Russell, PA 16345<br>Phone: 814-723-6900<br>Fax: 814-757-8584 | Mr. Shane Stanley<br>Warren State Hospital<br>33 Main Drive<br>North Warren, PA 16365<br>Phone: 814-726-4205<br>Fax: 814-726-4491 | Ms. Christine Carucci<br>Northwest Tri-County IU5<br>252 Waterford St.<br>Edinboro, PA 16412<br>Phone: 814-734-8415<br>Fax: 814-734-5806 |

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

| | | |
|---|---|---|
| Ms. Donna Zariczny<br>Board President | Mr. Shane Stanley<br>Director of Therapeutic Activities & Services | Ms. Christine Carucci<br>Director, Special Education |
| Ms. Ruth Huck<br>Board Secretary | | |
| Date | Date | Date |
| Warren County School District<br>6820 Market Street<br>Russell, PA 16345 | Warren State Hospital<br>33 Main Drive<br>North Warren, PA 16365 | Northwest Tri-County IU5<br>252 Waterford St.<br>Edinboro, PA 16412 |