



# Madison-Champaign ESC Workload to Caseload Calculator

## Customization Order & Agreement to Purchase

District/Agency name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Contact person name/title: \_\_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_

1. What is the number of days for FTE for the following positions? (Default is 184 days)

OT _____	Psychologist _____
PT _____	APE _____
SLP _____	Transition Coordinator _____

2. How many weeks do you have in the school year? (Default is 36 weeks) \_\_\_\_\_

3. How many hours are in one work day? (Default is 7.5 hours)

OT _____	Psychologist _____
PT _____	APE _____
SLP _____	Transition Coordinator _____

4. For employees who are IEP Case Managers, how many hours do they spend each year per student for this task? (Default is 3 hours per student per year) \_\_\_\_\_ hours per student

I understand for a fee of \$150, our district/agency will receive:

- The calculator (customized with your logo and with the numbers that are pertinent to your district)
- Up to 1 hour of consultation (via phone) and customization; Note: any time beyond 1 hour is an additional \$50 per hour.

### Acceptance of Proposal

I am authorized to accept this proposal on behalf of the \_\_\_\_\_ (school district/agency) and I agree to the prices, terms, and conditions listed above. I also agree to not share the electronic version of the calculator with other districts/agencies.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

