



TRUMBULL COUNTY
EDUCATIONAL
SERVICE CENTER

SPEECH/LANGUAGE PATHOLOGIST REQUEST FOR IEP REIMBURSEMENT

Name: _____ Supervisor: _____
Program: _____ Unit Location: _____

The supervisor must preapprove this form before services are provided. The supervisor will issue final approval before the form is submitted for payment.

According to the Certified Staff Bargaining Unit Agreement, speech pathologists responsible for writing three or more IEPs shall be paid \$20 per IEP written, excluding conferences. This stipend shall not exceed \$200 per speech pathologist per school year. The stipend shall be paid at the end of the school year.

Student Name	Stipend (\$20 per IEP not to exceed \$200)
Total	

This form must be submitted to the treasurer’s office no later than June 1 for payment to be issued.

Initial Employee Signature: _____ Preapproval Submission Date: _____
 Preapproval by Supervisor: _____ Preapproval Date: _____
 Final Employee Signature: _____ Final Submission Date: _____
 Final Supervisor Approval: _____ Final Approval Date: _____