



# AGENDA REQUEST FORM

## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

<b>MEETING DATE</b>	2017-12-05 10:05 - School Board Operational Meeting
<b>AGENDA ITEM</b>	ITEMS
<b>CATEGORY</b>	I. OFFICE OF THE SUPERINTENDENT
<b>DEPARTMENT</b>	Atlantic Tech College & Tech High Sch

<b>Special Order Request</b>	
<input type="radio"/> Yes	<input checked="" type="radio"/> No

<b>Time</b>
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<b>Open Agenda</b>	
<input type="radio"/> Yes	<input checked="" type="radio"/> No

<b>ITEM No.:</b>
I-2.

<b>TITLE:</b>
Agreement between The School Board of Broward County, Florida and VIP Care Pavilion, LTD

<b>REQUESTED ACTION:</b>
Approve the New Agreement between The School Board of Broward County, Florida and VIP Care Pavilion, LTD. The term of this agreement shall be from the date it is fully executed by both parties and shall conclude on November 1, 2020.

<b>SUMMARY EXPLANATION AND BACKGROUND:</b>
The School Board of Broward County, Florida partners with VIP Care Pavilion, LTD. to provide students who are enrolled in Health Science Education Programs at the Broward Technical Colleges and select high schools the opportunity to participate in clinical learning experiences. This agreement has been reviewed and approved as to form and legal content by the Office of the General Counsel.

<b>SCHOOL BOARD GOALS:</b>
<input checked="" type="radio"/> <b>Goal 1: High Quality Instruction</b> <input type="radio"/> <b>Goal 2: Continuous Improvement</b> <input type="radio"/> <b>Goal 3: Effective Communication</b>

<b>FINANCIAL IMPACT:</b>
There is no financial impact to the District.

<b>EXHIBITS: (List)</b>
(1) Summary Explanation and Background (2) VIP Care Pavilion LTD Exec Sum (3) VIP Care Pavilion

<b>BOARD ACTION:</b>
(For Official School Board Records Office Only)

<b>SOURCE OF ADDITIONAL INFORMATION:</b>	
Name: Dr. Valerie S. Wanza	Phone: 754-321-3838
Name: Robert B. Crawford	Phone: 754-321-5103

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**  
**Senior Leader & Title**

Valerie S. Wanza - Chief School Performance & Accountability Officer
Signature

Approved In Open Board Meeting On: \_\_\_\_\_

By: \_\_\_\_\_

School Board Chair