

**KILLEEN INDEPENDENT SCHOOL DISTRICT  
SPEECH LANGUAGE PATHOLOGIST REIMBURSEMENT PROGRAM**

The purpose of this program is to provide an incentive that will encourage Speech Language Pathologist-Assistants to pursue a master's degree and the Speech Language Pathologist license. The benefit to the district is to increase the overall number of Pathologists.

REIMBURSEMENT

Graduate credit hours eligible for reimbursement

Graduate credit hours that are required for the master's degree in Speech Language Pathology or related subject area leading to a Speech Language Pathologist license (Texas). Leveling courses will not be eligible for reimbursement.

Personnel eligible for Speech Language Pathologists

Employees who are eligible to participate in this program include those who are licensed in the state of Texas as Speech Language Pathologist-Assistants and have completed an academic year of employment with the district.

PROGRAM PROCESS

1. An application for the Speech Language Pathologist reimbursement program is completed. The district will establish a committee to review and approve applications; this committee will be comprised of the Director for Special Education, Special Education Coordinators (up to 2), and the Chief Human Resources Officer. The application includes provisions coupling the Speech Language Pathologist reimbursement with a future obligation of employment as a pathologist in the district. The application includes the submission of a master's degree plan for Speech Language Pathology or related degree that leads to state licensure. For the purposes of this reimbursement program, reimbursement for the cost of every 3 graduate hours will obligate the individual to be employed on a full-time basis for one semester with the district immediately following the semester in which the graduate hours were earned. A document which holds the applicant to this obligation will be signed as part of the application process.
2. The number of applications approved will be based on need as identified by the Superintendent.
3. An invoice can be reimbursed directly to the institution or to the individual upon presentation of proof of successful completion of the graduate coursework. The district will reimburse up to a level which is equal to the tuition and fee structure of Texas A&M University – Central Texas. Hours for which reimbursement is sought must be from a graduate program at an institution of higher education that is recognized by the Texas Higher Education Coordinating Board and the Texas Board of Examiners for Speech Language Pathology and Audiology.
4. The district monitors the reimbursement program and the reimbursement for participants is limited to the number of graduate hours required for the approved master's degree.
5. The district ensures that hours for which reimbursement has occurred culminate in a grade no less than a B.

SPEECH LANGUAGE PATHOLOGIST REIMBURSEMENT PROGRAM APPLICATION

NAME \_\_\_\_\_ EMPLOYEE ID \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_

EXPIRATION DATE OF SPEECH LANGUAGE PATHOLOGIST-ASSISTANT LICENSE  
\_\_\_\_\_

NAME OF UNIVERSITY YOU PLAN TO ATTEND  
\_\_\_\_\_

ANTICIPATED DATE OF ENROLLMENT \_\_\_\_\_

DATE OF ANTICIPATED GRADUATION \_\_\_\_\_

REQUIRED ATTACHMENTS: Please attach a copy of your master's degree plan.

I have received and read the requirements for the "Speech Language Pathologist Reimbursement Program" (Administrative Procedure VI-QQQ). I understand that should I be selected to participate in this program, I must follow the procedures set forth by the District for reimbursement. I further understand that for each 3 credit hours of reimbursement, I agree and shall work full-time for one semester with Killeen ISD immediately following the semester in which the graduate hours were earned (e.g., if I am reimbursed for 6 hours of credit completed in the Fall 16 semester, I am required to work for Killeen ISD during the Spring 17 and Fall 17 semesters).

**In the event I do not complete my employment obligation, I agree to pay and shall pay to KISD all sums received by me for which I did not meet the employment obligation. This amount shall be due and payable upon termination of employment with KISD. The amount shall be deducted from my KISD paycheck with any remaining balance due at termination.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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| <p><i>For Office Use Only</i></p> <p>Completed an academic year _____</p> <p>Master's degree/coursework plan _____</p> <p>Application complete _____</p> |
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