

Exceptional Connections International Provisions for Partnership



This contract is intended to describe the working relationship between Exceptional Connections International (ECI), also referred to as “We,” and our Partner(s) _____ (partner name) with _____ (organization name). In order to maintain a sustainable mission, Exceptional Connections International believes in utilizing best practices for working with individuals with disabilities. To provide the best quality of care for these individuals, we ask that our partners commit to the following guidelines (where applicable) in collaboration with ECI:

Regarding training and educational services:

ECI and our team of professionals works with our **Partners** to provide specialized training within their local communities and organizations. Our **Partners** choose the topics and needs for training pertaining to individuals with special needs, and we guide the in-country teaching and virtual trainings.

(Note: topics typically covered include awareness training, basic education on individuals with disabilities, or individualized/specialized trainings on specific disabilities, classroom supports, or therapeutic services. Please let us know if you have questions related to any potential training topics).

ECI works with our **Partners** to stay inline with best practices in supporting people with disabilities through consistent services. To keep the best interest of these individuals at the heart of our mission, **ECI** requests to collaborate with any other organization that our **Partners** recruit to provide specialized training for their Special Needs programs. **ECI** suggests the following recommendations:

- **ECI** supports collaboration. Collaboration is ethical and considered ‘best practice’ for professionals who provide specialized services and therapy. Furthermore, collaboration assists teachers and caregivers in efficiently carrying over established goals and objectives to other settings. This ensures students are growing, learning, and improving!
- **ECI** and other training organizations should share notes on progress. This will allow student’s current established goals to be built upon rather than new ones developed.
- **ECI** kindly requests that our **Partners** do not seek our professional team members/ volunteers to visit their organization independently of *Exceptional Connections International*.

ECI works with our **Partners** to select the appropriate skilled volunteers for team trips. ECI handles the recruiting, applications, and interviews, and together with our **Partners**, we select the best fit!

ECI works with our **Partners** to keep on-going communication and collaboration when we are not in country. We will provide frequent follow-up trainings when we are Stateside, at the discretion of our **Partners**.

ECI agrees to provide our **Partners** with a hosting fee for each in-person visit to a Partner site. Hosting fees will be calculated based on number of individuals on the team and how many days we serve at the site.

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Please complete the following template to help us develop a tentative plan for consistent training & support.
(Mark N/A if Partnership agreement focuses only on Community Awareness and Empowerment. See section below.)

- Requested number of visits ECI should make to Partner site per calendar year: _____
- How often would you like for ECI to provide your organization with virtual trainings? _____
(This could be monthly, yearly, etc.)
- Please provide a summary of the educational and training supports you would like **ECI** to provide your organization:

Regarding community awareness, empowerment services, and general Partner support:

ECI works with our **Partners** to assist them with fundraising, programs, grant writing, and resource development. **ECI** does not provide direct financial aid or support; however, we cover our own costs for training and travel.

ECI works with our **Partners** to remain informed of local country laws and regulations regarding individuals with disabilities and their families.

ECI works with our **Partners** to ensure individuals with disabilities and their caregivers feel empowered. Our team will always presume competence with the individuals we work with, and we ask the same of our **Partners**. Each family and individual we work with should be treated with dignity and respect.

Please complete the following template to help us develop a tentative plan for community awareness and empowerment events.

- What kind of community awareness activities would you like ECI to support you in hosting?

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- List and describe any programs or projects you may be seeking ECI's support with, including frequency or potential reoccurrence of events:

Both parties should sign in agreement of these provisions. Termination of Partnership can occur at any time by written notice of either part.

Signature of ECI representative

Date

Name of ECI Representative

Title

Signature of Partner representative

Date

Name of Partner Representative

Title