LEXINGTON 4 DISTRICT FOUR LEAD·LEARN·SERVE·EXCEL	**Lexington School District Four**	Solicitation Number: Amendment Date:	**RFP-2026.03** 4/14/2026
	REQUEST FOR PROPOSAL **Amendment #2**	Procurement Contact: E-Mail Address:	Shelley Allen sallen@lexington4.net

DESCRIPTION: SPECIAL EDUCATION RELATED SERVICES (to include Speech Language Pathologist/ Occupational Therapy/Physical Therapy/Hearing Impaired Teacher/Vison Impaired Teacher/ Mental Health Counseling/ Special Education Teachers (Part-time LD or Multi-Cat)/School Psychologist/ABA Providers)

The Term "Offer" Means Your "Bid" or "Proposal". ***Your offer must be submitted in a sealed package.*** *Solicitation Number & Opening Date must appear on package exterior. See "Submitting Your Offer" provision.*

SUBMIT YOUR SEALED OFFER TO THE FOLLOWING ADDRESS BELOW:

PHYSICAL/MAILING ADDRESS:
Lexington School District Four
607 E 5th Street, Swansea, SC 29160

# of Copies to be Submitted	2 Copies via certified mail, hand delivery or email submission
RFP Issue Date	4/1/2026
Last Date for Submission of Questions	4/13/2026 at 11:30 am
Offer Due	4/20/2026 at 11:30 am

The timing & sequence of events resulting from this IFB/RFP may vary and will ultimately be determined by Lexington School District Four. The award, notice of this solicitation, any amendments, and any related notices will be posted at the following web address: *https://www.lex4.org/page/purchasing*

Attachment A: Pricing Proposal Form has been amended to include Lot 10 for ABA Providers.

ATTACHMENT A: PRICING PROPOSAL FORM

RFP-2026.03 – Special Education Related Services

By signing this proposal, the contractor agrees to furnish the services in accordance with all the terms and conditions contained herein. Do not include any taxes in your bid price, if applicable.

LOT #	SERVICE PROVIDED	BIDDING ON LOT (Y/N)	COST PER HOUR (Ranges not Accepted)
1	Speech Language Pathologist		
2	Occupational Therapist		
3	Occupational Therapist Assistant		
4	Physical Therapist		
5	Physical Therapist Assistant		
6	Hearing Impaired Teacher		
7	Vision Impaired Teacher		
8	Special Education Teacher		
9	Mental Health Counselors		
10	ABA Providers		

Company Name:	
Person Completing Proposal:	
Phone:	
Email:	
Name of Authorized Official:	
Signature of Authorized Official:	