

Revised 2  
 INDIVIDUAL SERVICES AGREEMENT FOR NONPUBLIC, NONSECTARIAN AGENCY SERVICES  
 (Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2015 or the date student begins receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2016 unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency: San Carlos School District

Nonpublic School/Agency: Pacific Autism Learning Services. (P.A.L.S.)

LEA Case Manager Name: Mary Jude Doerpinghaus, Assistant Superintendent

Phone Number 650-590-5947

Pupil Name: **Student #13a**

Sex:

Grade:

Address:

City:

State/Zip Code:

DOB:

Residential Setting: (X) Home ( ) Foster ( ) LCI # \_\_\_\_\_ ( ) OTHER \_\_\_\_\_

Parent/Guardian:

Phone:

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 (If different from student)

AGREEMENT TERMS:

1. Related services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below:

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICE	Provider				# of Times per wk/mo/yr., Duration; or per IEP.	Cost per session	Maximum Number of Sessions/ Hours	Estimated Maximum Total Cost for Contracted Period
	LE A	NPS	NPA	OTHER Specify				
1. Educational Counseling a. Individual b. Group								
2. Language/Speech Therapy a. Individual b. Group								
3. Occupational Therapy								
4. Adapted Physical Ed.								
5. Orientation and Mobility								
6. Physical Therapy								
7. One to one Aide								
8. Behavior intervention to include:			X		<b>ESY</b> 6/17/15-8/24/15 70hrs total		70hrs	\$2,660.00
					8/24/15-9/25/15 7hrs/Wk.	\$38.00/hr.	35hrs	\$1,330.00
					9/28/15-12/1/15 4hrs/wk.		36hrs	\$1,368.00
					12/2/15-6/17/16 4hrs/Wk.		104hrs	\$3,952.00
9. Supervision to include:					<b>ESY</b> 6/17/15-8/24/15 12.25hrs total		12.25hrs	\$857.50
					8/24/15-9/25/15 1.75hrs/wk.	\$70.00/hr.	8.75hrs	\$612.50
					9/28/15-12/1/15 1.75hrs/Wk.		15.75hrs	\$1,102.50

SERVICE	Provider				# of Times per wk/mo/yr.. Duration; or per IEP.	Cost per session	Maximum Number of Sessions/Hours	Estimated Maximum Total Cost for Contracted Period
	LE A	NPS	NPA	OTHER Specify				
					12/2/15-6/17/16 1.75hrs/Wk.		45.5hrs	\$3,185.00
10. Director Service to include:					ESY 6/17/15-8/24/15 3.5hrs total	\$140.00/hr.	3.5hrs	\$490.00
					8/24/15-9/25/15 0.5hrs/wk.		2.5hrs	\$350.00
					9/28/15-12/1/15 1.5hrs/Month.		6hrs	\$840.00
					12/2/15-6/17/16 1.5hrs/Month		9hrs	\$1,260.00
11. FBA Assessment								
12. Other								
13. Other								

ESTIMATED MAXIMUM RELATED SERVICES COST

C. SPECIALIZED EQUIPMENT/SUPPLIES \_\_\_\_\_ \$

TOTAL ESTIMATED MAXIMUM RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 18,007.50

4. Other Provisions/Attachments: \_\_\_\_\_

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

INDIVIDUAL SERVICES AGREEMENT APPROVED BY CASE MANAGER.

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date)

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

**-CONTRACTOR-**  
Pacific Autism Learning Services, (P.A.L.S.)  
(Name of Nonpublic School/Agency)

**-DISTRICT-**  
San Carlos School District  
(Name of School District)

  
(Signature) \_\_\_\_\_  
Revised 3/04 (Date)

  
(Signature) \_\_\_\_\_  
11/6/16 (Date)

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
Mary Jude Doerpinghaus, Assistant Superintendent  
(Name of Superintendent or Authorized Designee)