

Revised 1
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: Achieve Kids

LEA Case Manager Name: Mary Jude Doerpinghaus, Assistant Superintendent

Phone Number 650-590-5947

Pupil Name: Student #7

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:*
2. *Nonpublic School: The average number of days for the regular school year: 169 days x \$316.00/day = \$53,404.00*
3. *Transportation: The average number of days for the regular school year: 169 days x \$84.00 = \$14,196.00*

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					10/26/15-5/13/16 0.5hrs/Wk. (Individual)	\$164.00/hr.	13hrs	\$2,132.00
					10/26/15-5/13/16 0.5hrs/Wk. (Group)	\$82.00/hr.	13hrs	\$1,066.00
2. Language/Speech Therapy a. Individual b. Group					8/24/15-5/13/16 1.5hrs/Wk.	\$164.00/hr.	52.5hrs	\$8,610.00
3. Occupational Therapy		X			12/7/15-5/13/16 0.5hrs/Wk.	\$164.00/hr.	10hrs	\$1,640.00
4. Adapted Physical Ed.								
5. Orientation and Mobility								
6. Physical Therapy								
7. One to one Aide								
8. Behavior intervention to include:		X			8/24/15-5/13/16 1hr/Wk.	\$161.60/hr.	35hrs	\$5,656.00
9. Supervision to include:								
10. Consultation to include: language & speech.		X			8/24/15-5/13/16 0.5hrs/Month	\$164/hr.	5hrs	\$820.00

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				
11. FBA Assessment								
12. Other: Consultation Occupational Therapy					12/7/15-5/13/16 0.5hrs/month		3hrs	\$492.00
		X						
13. Other								

ESTIMATED MAXIMUM RELATED SERVICES COST

\$ 20,416.00

C. SPECIALIZED EQUIPMENT/SUPPLIES _____

\$

TOTAL ESTIMATED MAXIMUM RELATED SERVICES
COSTS/SPECIALIZED EQUIPMENT/SUPPLIES

\$ 88,016.00

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-

Achieve Kids

(Name of Nonpublic School/Agency)

-DISTRICT-

San Carlos School District

(Name of School District)

(Signature) _____

(Date) 1/14/16

(Signature) _____

(Date) 1/12/16

(Name and Title)

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