

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: All Hands In

LEA Case Manager Name: Mary Jude Doeringhaus, Assistant Superintendent

Phone Number 650-590-5947

Pupil Name: Student 20 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		7/7/15-7/30/15 26hrs total (Bank of hours)		26hrs	\$ 2,288.00
					8/17/15-8/21/15 10hrs (Bank of hours)	\$88.00	10hrs	\$ 880.00
					8/26/15-6/14/16 10hrs/Wk.		360hrs	\$31,680.00
9. Supervision to include:					7/7/15-7/30/15 7hrs Total (Bank of case management)	\$88.00	7hrs	\$616.00
					8/26/15-6/14/16 2hrs/Wk.		72hrs	\$6,336.00
10. Consultation to include:								

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								
13. Other								

**ESTIMATED MAXIMUM RELATED SERVICES COST**

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

**TOTAL ESTIMATED MAXIMUM RELATED SERVICES  
COSTS/SPECIALIZED EQUIPMENT/SUPPLIES**

\$ 41,800.00

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-**

**-DISTRICT-**

All Hands In  
(Name of Nonpublic School/Agency)

San Carlos School District  
(Name of School District)

Melina Savellin 3/28/16  
(Signature) (Date)

Chgo 3/30/16  
(Signature) (Date)

Melissa Savellin Director  
(Name and Title)

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