

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: Starfish Therapies

LEA Case Manager Name: Mary Jude Doerpinghaus, Assistant Superintendent

Phone Number 650-590-5947

Pupil Name: Student 36 Sex: _____ Grade: _____

Address: _____ City: _____ State/Zip: _____

DOB: _____ Residential Setting: (X) Home () Foster () LCI # _____ () OTHER _____

Parent/Guardian: _____ Phone: _____
Address _____ (If different from student) City _____ State/Zip _____

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			X		4/9/16-6/14/16 0.75hrs/Wk.	\$108.00/hr.	7.5hrs	\$810.00
7. One to one Aide								
8. Behavior intervention to include:								
9. Supervision to include:								
10. Consultation to include: Physical Therapy Consultation			X		4/9/16-6/14/16 5hrs/Year	\$108.00/hr.	5hrs	\$540.00
11. FBA Assessment								

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. Other								
13. Other								

ESTIMATED MAXIMUM RELATED SERVICES COST

C. SPECIALIZED EQUIPMENT/SUPPLIES _____ \$

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

4. Other Provisions/Attachments: _____ \$ 1,350.00

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-

Starfish Therapies

(Name of Nonpublic School/Agency) _____

(Signature) Stacy mmentz

(Date) 4/11/16

(Name and Title) Stacy mmentz

owner

-DISTRICT-

San Carlos School District

(Name of School District) _____

(Signature) Mary Jude Doerpinghaus

(Date) 4/14/16

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