

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

This agreement is effective on July 1, 2014 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, 2015 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 # 3**

Sex:

Grade: 1

Address:

City:

State/ Zip code:

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		ESY 7/7/14-7/31/14 1.5 hours		1.5	\$162.00
					8/25/14-9/19/14 45 minutes/week	\$108.00	3	\$324.00
					10/1/14-4/16/15 45 minutes/month		5.25	\$567.00
					4/16/15-6/11/15 7hrs/year	\$108.00		\$756.00
7. One to one Aide								
8. Behavior intervention to include: Tutor:								
9. Supervision 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				
10. Consultation to include:								
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**

4. Other Provisions/Attachments: _____ \$ 1,809.00

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)

Stacy M Menz 5/6/15
(Signature) (Date)

Stacy Menz, owner
(Name and Title)

-DISTRICT-

San Carlos School District

(Name of School District)

Mary Jude Doerpinghaus 5/7/15
(Signature) (Date)

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