

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: ALLS

LEA Case Manager Name: Mary Jude Doerpinghaus, Assistant Superintendent

Phone Number 650-590-5947

Pupil Name: Student 9a

Sex: \_\_\_\_\_

Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Residential Setting: (X) Home ( ) Foster ( ) LCI # \_\_\_\_\_ ( ) OTHER \_\_\_\_\_  
 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. **EDUCATIONAL PROGRAM**  
*Daily Rate Rate: \$227.00 per day.*  
**(A) 227.00 x 102 days PROJECTED BASIC EDUCATION COST**  
**\$23,154.00**

**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								
2. Language/Speech Therapy a. Individual b. Group			x		1/5/15-3/27/15 2.5hrs/Wk.  3/30/15-6/11/15 3.75hrs/Wk.	\$95/hr	27.5hrs  35hrs	\$2,612.50  \$3,562.50
3. Occupational Therapy								
4. Adapted Physical Ed.								
5. Orientation and Mobility								
6. Physical Therapy								
7. One to one Aide								
8. Behavior intervention to include: <b>Tutor:</b>								
9. Supervision to include:								
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

\$6,175.00

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

\$

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

\$ 29,329.00

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-**

Associated Learning & Language Specialists  
(Name of Nonpublic School/Agency) Inc.

[Signature]  
(Signature)

4/30/15  
(Date)

Charla Keli, Contracts Admin  
(Name and Title)

**-DISTRICT-**

San Carlos School District  
(Name of School District)

[Signature] 5/4/15  
(Signature) (Date)

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