## 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 Sch	nool District	gency. Associated Lagraina					
LEA Case Manager Name: Mary Jude De	oerpinghaus, Assistant Supe		l/Agency: Associated Learning and Language Specialist Phone Number 650-590-5947				
Pupil Name: Student # 186.		Grade:	1 Hone (valider 650-590-592	¥7			
Address:	City:	State/Zip Code:					
DOB:	Resident		) Forton ( ) I GV #				
Parent/Guardian:  Residential Setting: (X) Home ( ) Foster ( ) LCI # ( ) OTHER							
Address							
(If different from stu	ident)	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		F	Provider		# of Times per wk/mo/yr., Duration; or per IEP.	Cost per session	Maximum Number of Sessions/	Estimated Maximum Total Cost for Contracted Period
	LE A	NPS	NPA	OTHER Specify				
Educational Counseling     Individual     Group				specify			Hours	
Language/Speech Therapy     a. Individual     b. Group			х		ESY 6/17/15-8/21/15 1.5HRS/Wk. (No services during 8/3/15-/8/10/15) 8/25/15-12/4/15	\$96.00/Hr.	10.5hrs	\$1,008.00
					0.75hrs/Wk.		11.25hrs	\$1,080.00
3. Occupational Therapy								
4. Adapted Physical Ed.								
5. Orientation and Mobility								
6. Physical Therapy								
7. One to one Aide								
3. Behavior intervention to include:								
Supervision to include:								

SERVICE		F	rovider		# of Times per wk/mo/yr., Duration; or per IEP.	Cost per	T v :	
	LE A	NPS	NPA	OTHER Specify		session	Maximum Number of Sessions/ Hours	Estimated Maximum Total Cost for Contracted Period
10. Consultation to include:			13.		8/25/15-12/4/15 0.5/Month Consultation	\$96.00/hr.	2.5hrs	\$240.00
II. FBA Assessment								
12. Other: AAC					ESY 6/17/15-8/21/15 Thr/Wk.	9hrs \$96.00/hr.	9hrs	\$864.00
13. Other					8/25/15-12/4/15 1hr/wk.		15hrs	\$1,440.00
13. Other								

ESTIMATED MAXIMUM RELATED	SERVICES COST
C. SPECIALIZED EQUIPMENT/SUPPLIES	s
TOTAL ESTIMATED MAXIMUM RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES	\$ 4,632.00
4. Other Provisions/Attachments:	
MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON	
INDIVIDUAL SERVICES AGREEMENT APPROVED BY CASE MANAGER:	
(Signature)	(D )
The parties hereto have executed this Individual Services Agreement by and throug -CONTRACTOR-	(Date)  h their duly authorized agents or representatives as set forth below.  -DISTRICT-
Associated Learning and Language Specialist (Name of Nonpublic School/Agency)	San Carlos School District (Name of School District)
Signature 7/13/2015	(Signature) (Date)
Stephane Triavaras, Director ALLS	Mary Jude Doerpinghaus, Assistant Superintendent (Name of Superintendent or Authorized Designee)