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.

I training									
Local Education Agency: San Carlos School District			Nonpublic Schoo	l/Agency: The Avalon Academ	v.				
LEA Case Manage	r Name: Mary Jude D	oerpinghaus. As	sistant Superint	tendont					
LEA Case Manager Name: Mary Jude Doerpinghaus, Assistant Superinte				ichident	Phone Number 650-590-59-	17			
Pupil Name Stu	Clent 26.	Se		Grade:					
Address:		City; Sar		State/Zip Code:					
DOB:			Residential	Setting: (X) Home	() Foster () LCI #() OTHER			
Parent/Guardian: (() ECI #() OTHER			
Phone:									
Address									
	(If different from stu	(dent)		_ City		State/Zip			
		idem)				Santi Zip			
AGREEMENT TEI	RMS:								
1	D. J. Control								
1.	Related services as specified in the IEP shall be provided by the CONTRACTOR								
2.	1. Related services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below: Nonpublic School: The average number of school days in the calendar of the set.								
5	during ESY. during ESY.								
Educational Services as specified in the IEP shall be associated to									
EDUCATIONAL PROGRAM (Applies to Nonpublic Schools only) Manthly Rate: 4.202.50									
(A) 4.292.50/Month x 10 Months					Monthly Rate	: 4,292.50			
(B) Estimated Number of ESY Days 30 x 244.50					\$42,925.00				
			J. 217.30		\$7.335.00				

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICE		,	Provider		# of Times per wk/mo/yr Duration; or per IEP.	Cost per session	Maximum Number of	Estimated Maximum Total Cost for
Educational Counseling	LE A	NP S	NPA	OTHER Specify			Sessions/ Hours	Contracted Period
a. Individual b. Group								
Language/Speech Therapy a. Individual b. Group		Х			7/6/15-8/14/15 2hrs/Wk. (Individual) 0.25hrs/Wk. Consult		12hrs 1.5hrs	\$1,476.00 \$184.50
					9/1/15-6/16/16 2hrs/Wk. (Individual) 0.25hrs/Wk. Consult	\$123.00/hr.	78hrs 9.75hrs	\$9,594.00 \$1,199.25
3. Occupational Therapy								
4. Adapted Physical Ed.								
5. Orientation and Mobility		Х			7/6/15-8/14/15 1hr/Wk.	6322.663	6hrs	\$738.00
					9/1/15-6/16/16 1hr/Wk.	\$123.00/hr.	39hrs	\$4,797.00
Physical Therapy		X			7/6/15-8/14/15 1hr/Wk, Direct 0.25hrs/Wk, Consult 9/1/15-6/16/16	\$114.00/hr.	6hrs 1.5hrs	\$684,00 \$171,00
					Thr/Wk. T0hrs/year Consult		39hrs 7hrs	\$4,446.00 \$798.00

SERVICE			Provider		# of Times per wk/mo/yr	-,		
	LE A	NP S	NPA	OTHER Specify	Duration: or per IEP.	Cost per session	Maximum Number of Sessions/ Hours	Estimated Maximu Total Cost for Contracted Period
7. One to one Aide				Specify				
8. Behavior intervention to include:								
2. Supervision to include:								
D. Consultation to include:								
FBA Assessment								
. Other: Specialized Vision Services					7/6/15-8/14/15 1.5hrs/Wk. Direct 0.25hrs/Wk. Consult	\$123.00/hr.	9hrs	\$1,107.06 \$1,845.06
					9/1/15-6/16/16 1.5hrs/Wk. Direct 10hrs/year Consult		58.5hrs 9hrs	\$7,195.50 1,107.00
Other: Intensive Individual Services					7/6/15-8/14/15 7.5hrs/day 9/1/15-6/16/16 7.5hrs/Wk.	\$26.25/hr.	45hrs 292.5hrs	\$1,181.25 \$7,678.13

ESTIMATED MAXIMUM RELATED SERVICES COST

C. SPECIALIZED EQUIPMENT/SUPPLIES	
	\$ 44,201.63
TOTAL ESTIMATED MAXIMUM RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES	
4. Other Provisions/Attachments:	\$ 94,461.63
MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON	
Revised 3/04	

INDIVIDUAL SERVICES AGREEMENT APPROVED BY CASE MANAGER:	
(Signature)	
The parties hereto have executed this Individual Services Agreement by and throug	(Date)
-CONTRACTOR-	n their duly authorized agents or representatives as set forth below.
O THE COR-	-DISTRICT-
The Avalon Academy	
(Name of Nonpublic School/Agency)	San Carlos School District
(Signature) 6/11/2015 (Date)	(Name of School District) (Signature) (Date)
KINGA CZEGENI, Head of School (Name and Title)	Mary Jude Doerpinghaus, Assistant Superintendent (Name of Superintendent or Authorized Designee)