

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: The Avalon Academy

LEA Case Manager Name: Mary Jude Doerpinghaus, Assistant Superintendent Phone Number 650-590-5947

Pupil Name: Student 28 Sex: _____ Grade: _____

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:*
2. *Nonpublic School: The average number of school days in the calendar of the school year: 180 days during regular school year and 30 days during ESY.*
3. *Educational Services as specified in the IEP shall be provided by the CONTRACTOR and be paid at the rates specified below:*
EDUCATIONAL PROGRAM (Applies to Nonpublic Schools only)
(A) 4,292.50/Month x 10 Months Monthly Rate: 4,292.50
\$42,925.00
(B) Estimated Number of ESY Days 30 x 244.50 \$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 Sessions/Hours	Estimated Maximum Total Cost for Contracted Period
	LE A	NPS	NPA	OTHER Specify				
1. Educational Counseling a. Individual b. Group		X						
2. Language/Speech Therapy a. Individual b. Group		X			7/6/15-8/14/15 2hrs/Wk. 9/1/15-6/16/16 2hrs/Wk.	\$123.00/hr.	12hrs 78hrs	\$1,476.00 \$9,594.00
3. Occupational Therapy								
4. Adapted Physical Ed.								
5. Orientation and Mobility					7/6/15-8/14/15 0.75hrs/Wk. 9/1/15-6/16/16 0.75hrs/Wk. 5hrs/Year Consultation	\$123.00/hr.	4.5hrs 29.25hrs 3hrs	\$553.50 \$3,597.75 \$369.00
6. Physical Therapy					7/6/15-8/14/15 1hr/Wk. 9/1/15-6/16/16 1hr/wk.	\$114.00/hr.	6hrs 39hrs	\$684.00 \$4,446.00
7. One to one Aide								

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				
8. Behavior intervention to include:								
9. Supervision to include:								
10. Consultation to include:								
11. FBA Assessment								
12. Other: Specialized Vision Service		X			7/6/15-8/14/15 0.75hrs/Wk. 9/1/15-6/16/16 0.75hrs/Wk. 5hrs/ Year Consultation	\$123.00/hr.	4.5hrs 29.25hrs 4hrs	\$553.50 \$3,597.75 \$492.00
13. Other: Intensive Individual Services		X			7/6/15-8/14/15 29hrs/Wk. 9/1/15-6/16/16 30hrs/Wk.	\$26.25/hr.	174hrs 1,170hrs	\$4,567.50 \$30,712.50

ESTIMATED MAXIMUM RELATED SERVICES COST

C. SPECIALIZED EQUIPMENT/SUPPLIES _____ \$ 60,643.50

TOTAL ESTIMATED MAXIMUM RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES _____ \$ 110,903.50

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-

-DISTRICT-

The Avalon Academy

(Name of Nonpublic School/Agency)

[Handwritten Signature]

(Signature)

6/11/2015

(Date)

KINGA CZEKENI, Head of School

(Name and Title)

San Carlos School District

(Name of School District)

[Handwritten Signature]

(Signature)

6/19/15

(Date)

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