

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: Wings Learning Center

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

Pupil Name: Student # 24 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 for ESY: **29 days during ESY.**
3. Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below:

EDUCATIONAL PROGRAM: (Applies to nonpublic schools only): Daily Rate: \$ 245.00
(A) \$245.00 x 29 days PROJECTED BASIC EDUCATION COST: \$ 7,105.00

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			ESY 6/29/15-8/7/15 0.5hrs/Wk. (SLP & AAC Sessions)	\$160.00/hr.	3hrs	\$480.00
3. Occupational Therapy		X			ESY 6/29/15-8/7/15 3hrs/ Month	\$160.00	3hrs	\$480.00
4. Adapted Physical Ed.								
5. Orientation and Mobility								
6. Physical Therapy								
7. One to one Aide								
8. Behavior intervention to include:								
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: Occupational Therapy					ESY 6/29/15-8/7/15 0.5hrs total to be used for Consultation	\$123/hr.	0.5hrs	\$61.50
11. FBA Assessment								
12. Other								
13. Other								

ESTIMATED MAXIMUM RELATED SERVICES COST

C. SPECIALIZED EQUIPMENT/SUPPLIES _____ \$ 1,021.50

TOTAL ESTIMATED MAXIMUM RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES _____ \$ 8,126.50

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-

Wings Learning Center
(Name of Nonpublic School/Agency)

Karen Kaplan 6-5-215
(Signature) (Date)

Karen Kaplan, Executive Director
(Name and Title)

-DISTRICT-

San Carlos School District
(Name of School District)

Mary Jude Doerpinghaus 6/19/15
(Signature) (Date)

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