

INDIVIDUAL SERVICES AGREEMENT FOR NONPUBLIC, NONSECTARIAN AGENCY SERVICES
(Education Code Sections 56365 et seq.)

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 on June 30, 2016 unless sooner terminated as provided in the Master Contract and by applicable law.

Education Agency: San Carlos School District

Nonpublic School/Agency: Pacific Autism Learning Services. (P.A.L.S.)

Case Manager Name: Mary Jude Doerpinghaus, Assistant Superintendent

Phone Number 650-590-5947

Name: Student 7 Sex _____

Grad _____

es: _____ City _____

State/Zip Code _____

Residential Setting: (X) Home () Foster () LCI # _____ () OTHER _____

it/Guardian _____

Phone: _____

ess _____
(If different from student)

City _____ State/Zip _____

EEMENT TERMS:

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	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				
Educational Counseling a. Individual b. Group								
Language/Speech Therapy a. Individual b. Group								
Occupational Therapy								
Adapted Physical Ed.								
Orientation and Mobility								
Physical Therapy								
One to one Aide								
Behavior intervention to include:			X		ESY 7/7/15-8/21/15 6hrs/Wk. (No service the week of 8/3/15) Week of 8/24/15 3hrs/Wk. 8/31/15-10/30/15 6hrs. /Wk.	\$38.00/hr.	36hrs 3hrs 54hrs	\$1,368.00 \$114.00 \$2,052.00
Supervision to include:					7/7/15-8/21/15 1.5hrs/Wk. in the home 2hrs/Wk. at school (No service the week of 8/3/15) 8/26/15-10/30/15 1.5hrs/Wk. in the home 2hrs/Wk. at school	\$70.00/hr.	9hrs 12hrs 15hrs 20hrs	\$630.00 \$840.00 \$1,050.00 \$1,400.00

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. Director service to include:					7/7/15-8/21/15 1.5hrs/Month in the home 1hr/Wk. at school (No service the week of 8/3/15) 8/26/15-10/30/15 1.5hrs/Month in the home 1hr./Wk. at school	\$140.00/hr.	2.25hrs 6hrs 4.5hrs 10hrs	\$315.00 \$840.00 \$630.00 \$1,400.00
11. FBA Assessment								
12. Other								
13. Other								

ESTIMATED MAXIMUM RELATED SERVICES COST

C. SPECIALIZED EQUIPMENT/SUPPLIES _____ \$

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

4. Other Provisions/Attachments: _____ \$10,639.00

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-

Pacific Autism Learning Services. (P.A.L.S.)
(Name of Nonpublic School/Agency)

San Carlos School District
(Name of School District)

(Signature) _____ (Date) 7/15/15

(Signature) _____ (Date) 7/21/15

Heather Heaton Director
(Name and Title)
Accounting +
Payroll

Marv Jude Doeringhaus, Assistant Superintendent
(Name of Superintendent or Authorized Designee)