

**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: Pacific Autism Learning Services. (P.A.L.S.)

LEA Case Manager Name: Mary Jude Doerpinghaus, Assistant Superintendent

Phone Number 650-590-5947

Pupil Name: Student 11 Sex: 1

Grade:

Address: 1 City:  State/Zip Code:

DOB:

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

Parent/Guardian:  Phone:

Address:  City:  State/Zip:   
(If different from student)

**AGREEMENT 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				
1. Educational Counseling a. Individual b. Group								
2. Language/Speech Therapy a. Individual b. Group								
3. Occupational Therapy								
4. Adapted Physical Ed.								
5. Orientation and Mobility								
6. Physical Therapy								
7. One to one Aide								
8. Behavior intervention to include:			X		<b>ESY</b> <b>6/22/2015-7/3/15</b> 12hrs/Wk.  <b>7/7/15-7/31/15</b> 10hrs. /Wk. (No service the week of 8/3/15)  <b>8/10/15-8/28/15</b> 12hrs/Wk.	   \$38.00/hr.   	24hrs  40hrs  36hrs	   \$912.00 \$1,520.00 \$1,368.00
9. Supervision to include:					<b>6/22/15-8/21/15</b> 17.5hrs total over summer	 \$70.00/hr.	17.5hrs	\$1,225.00
10. Director Service to include:					<b>6/22/15-8/21/15</b> 8.75hr total over summer	 \$140.00/hr.	8.75hrs	\$1,225.00

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				
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** \$ 6,250.00

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-**

PALS

(Name of Nonpublic School/Agency)

Heather Heaton 7/15/15

(Signature)

(Date)

Heather Heaton Director  
(Name and Title)  
Accounting / Payroll

**-DISTRICT-**

San Carlos School District

(Name of School District)

Mary Jude Doeringhaus

(Signature)

7/21/15

(Date)

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