

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 27.

Sex:

Grade:

Address:

City

State/Zip Code:

DOP:

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:

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: Tutor			X		ESY 6/22/15-8/21/15 57hrs in the class room (During 7/7-7/31 24hours banked for before and after school)		57hrs	\$2,166.00
					8/26/15-10/30/15 10hrs/Wk.	\$38.00/hr.	100hrs	\$3,800.00
9. Supervision to include:					ESY 6/22/15-8/21/15 16.25hrs total		16.25hrs	\$1,137.50
					8/26/15-10/30/15 2hrs/Wk.	\$70.00/hr.	20hrs	\$1,400.00
10. Director service to include:					ESY 6/22/15-8/21/15 5.5hrs total	\$140.00/hr.	5.5hrs	\$770.00

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				
					8/26/15-10/30/15 0.75hrs/Wk.	\$140.00/hr.	7.5hrs	\$1,050.00
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 \$ 10,323.50

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-

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

Heather Katon 7/20/15
(Signature) (Date)

-DISTRICT-

San Carlos School District
(Name of School District)

Mary Jude Doerpinghaus 7/21/15
(Signature) (Date)

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

Heather Katon Director
(Name and Title)
of Accounting + Payroll