

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

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

**-DISTRICT-**

San Carlos School District  
(Name of School District)

*Mary Jude Doerpinghaus* \_\_\_\_\_  
(Signature) \_\_\_\_\_  
7/21/15  
(Date)

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