

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: Starfish Therapies

LEA Case Manager Name: Mary Jude Doerpinghaus, Assistant Superintendent

Phone Number 650-590-5947

Pupil Name: Student #2 Sex: _____

Grade: _____

Address: _____ 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:

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: Consultation				X	ESY 7/7/15-7/31/15 1hr./Monthly 8/26/15-4/16/16 7hrs/Year	\$108.00/hr.	1hr. 6.25hrs	\$108.00 \$675.00
7. One to one Aide								
8. Behavior intervention to include:								
9. Supervision to include:								
10. Consultation 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				
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**

\$ 783.00

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-

Starfish Therapies
(Name of Nonpublic School/Agency)

Stacy m my 7/24/15
(Signature) (Date)

Stacy m menz owner
(Name and Title)

-DISTRICT-

San Carlos School District
(Name of School District)

UNY J 7/28/15
(Signature) (Date)

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