

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 \$ 6,776.00

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-

All Hands In _____
(Name of Nonpublic School/Agency)

Melissa Sandlin 7/23/15
(Signature) (Date)

Melissa Sandlin Director
(Name and Title)

-DISTRICT-

San Carlos School District _____
(Name of School District)

Mary Jude Doeringhaus 7/28/15
(Signature) (Date)

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