

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: All Hands In

LEA Case Manager Name: Mary Jude Doerpinghaus, Assistant Superintendent

Phone Number 650-590-5947

Pupil Name: Student 20

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 | | | | | | | | |
| 7. One to one Aide | | | | | | | | |
| 8. Behavior intervention to include: | | | X | | ESY 6/15/15-8/25/15 50hrs total (Bank of hours) | \$88.00/hr. | 50hrs | \$4,400.00 |
| 9. Supervision to include: | | | | | ESY 6/15/15-8/25/15 4hrs total (Bank of hours) | \$88.00/hr. | 4hrs | \$352.00 |
| 10. Consultation to include: | | | | | 8/26/15-12/31/15 2hrs/Wk. (Behavior consultation, training and team meeting) | \$88.00/hr. | 30hrs | \$2,640.00 |
| 11. FBA Assessment | | | | | | | | |

| 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 | | | | |
| | | | | | | | | |
| 12. Other | | | | | | | | |
| 13. Other | | | | | | | | |

ESTIMATED MAXIMUM RELATED SERVICES COST

C. SPECIALIZED EQUIPMENT/SUPPLIES _____ \$

**TOTAL ESTIMATED MAXIMUM RELATED SERVICES
COSTS/SPECIALIZED EQUIPMENT/SUPPLIES**

\$ 7,392.00

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)

Melina Sundell 7/21/15
(Signature) (Date)

Melissa Sandlin Director
(Name and Title)

-DISTRICT-

San Carlos School District
(Name of School District)

[Signature] 7/28/15
(Signature) (Date)

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