

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: Ester B. Clark

LEA Case Manager Name: Mary Jude Doerpinghaus, Assistant Superintendent

Phone Number 650-590-5947

Pupil Name: Student 19

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:*
2. *Nonpublic School: The average number of school days in the calendar for ESY: 20 days x \$232.00= \$4,640.00*
3. *Total number of days for the regular school year 185 days x 234.00 = \$43,290.00*
4. *Total number of days for transportation for ESY: 20 x 103.00 = \$2,060.00*
5. *Total number of days for transportation for the Regular school year: \$ 19,240.00*

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					ESY 6/10/15-7/8/15 1hr/Wk. (Individual) 1hr/Wk. (Parent) 100Mins/ Wk. (Group) 8/18/15-6/7/16 1hr/Wk. (Individual) 1hr/Wk. (Parent) 100 Minutes/Wk. (Group)	 \$155.98 \$156.60	4hrs 4hrs 6.67hrs 40hrs 40hrs 66.67 hrs.	 \$623.92 \$623.92 \$1,040.39 \$6,264.00 \$6,264.00 \$ 10,440.52
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								

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. Behavior intervention to include:								
9. Supervision to include:								
10. Consultation to include:								
11. FBA Assessment								
12. Other								
13. Other								

ESTIMATED MAXIMUM RELATED SERVICES COST

C. SPECIALIZED EQUIPMENT/SUPPLIES _____ \$ 25,256.75

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

4. Other Provisions/Attachments: _____ \$ 94,486.75

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-

-DISTRICT-

Ester B. Clark
(Name of Nonpublic School/Agency)

San Carlos School District
(Name of School District)

Christoph Harris 8/13/15
(Signature) (Date)

Christopher Harris, Director
(Name and Title)

M. J. Doerpinghaus 8/13/15
(Signature) (Date)

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