

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 _____ \$ 94,486.75

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-

-DISTRICT-

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

San Carlos School District
(Name of School District)

