

**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: Achieve Kids

LEA Case Manager Name: Mary Jude Doerpinghaus, Assistant Superintendent

Phone Number 650-590-5947

Pupil Name: Student 7

Sex:

Grade:

Address:

City

State/Zip Code:

DOB:

Residential Setting: (X) Home ( ) Foster ( ) LCI # \_\_\_\_\_ ( ) OTHER \_\_\_\_\_

Parent/Guardian

Phone

Address

(If different from student)

City

State/Zip

**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 days for the regular school year: 29 days x \$316.00/day = \$9,164.00
3. Transportation: The average number of days for the regular school year: 29 days x \$84 = \$2,436.00

**DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:**

| SERVICE   | Provider |     |     |               | # of Times per wk/mo/yr.,<br>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<br>a. Individual<br>b. Group  |          |     |     |               |  |                  |                                  |  |
| 2. Language/Speech Therapy<br>a. Individual<br>b. Group |          |     |     |               | 8/24/15-10/1/15<br>1.5hrs/Wk.                      | 164.00/hr.       | 9hrs                             | \$ 1,476.00  |
| 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   |     |               | 8/24/15-10/1/15<br>1hr/Wk.                         | \$161.60/hr      | 6hrs                             | \$969.60   |
| 9. Supervision to include:                              |          |     |     |               |  |                  |                                  |  |
| 10. Consultation to include: language & speech.         |          | X   |     |               | 8/24/15-10/1/15<br>0.5hrs/Month                    | \$164/hr.        |                                  | \$82.00  |
| 11. FBA Assessment                                      |          |     |     |               |  |                  |                                  |  |

| SERVICE   | Provider |     |     |                  | # of Times per wk/mo/yr.,<br>Duration; or per IEP. | Cost per<br>session | Maximum<br>Number of<br>Sessions/<br>Hours | Estimated Maximum<br>Total Cost for<br>Contracted Period |
|-----------|----------|-----|-----|------------------|--|---------------------|--|--|
|           | LE<br>A  | NPS | NPA | OTHER<br>Specify |  |                     |  |  |
| 12. Other |          |     |     |                  |  |                     |  |  |
| 13. Other |          |     |     |                  |  |                     |  |  |

ESTIMATED MAXIMUM RELATED SERVICES COST

\$ 2,527.60

C. SPECIALIZED EQUIPMENT/SUPPLIES

\$

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

4. Other Provisions/Attachments:

\$ 14,127.60

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-**

Achieve Kids

(Name of Nonpublic School/Agency)

**-DISTRICT-**

San Carlos School District

(Name of School District)

(Signature)

(Date)

(Signature)

(Date)

(Name and Title)

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