

Revised 1
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: Associated Learning & Language Specialists

LEA Case Manager Name: Mary Jude Doerpinghaus, Assistant Superintendent

Phone Number: 650-590-5947

Pupil Name: Student #8

Sex:

Grade:

Address:

City:

ate/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 during the Extended School Year: 20 days X \$229.00= \$4,580.00*

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
	LEA	NPS	NPA	OTHER Specify				
1. Educational Counseling a. Individual b. Group								
2. Language/Speech Therapy a. Individual b. Group			X		ESY 6/29/15-7/24/15 3.75hrs/Wk. 8/26/15 - 10/5/15 90mins/Wk.	\$96.00/hr. \$96.00/hr.	15hrs 9hrs	\$1,440.00 \$864.00
3. Occupational Therapy								
4. Adapted Physical Ed.								
5. Orientation and Mobility								
6. Physical Therapy								
7. One to one Aide								
8. Behavior intervention to include:								
9. Supervision to include:								
10. Consultation to include:								

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

\$ 6,884.00

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-

Associated Learning & Language Specialists
(Name of Nonpublic School/Agency)

[Signature] 8/27/15
(Signature) (Date)

Stephane Trivaras, Director
(Name and Title)

-DISTRICT-

San Carlos School District
(Name of School District)

[Signature] 9/3/15
(Signature) (Date)

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