

Revised 2
 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: Pacific Autism Learning Services. (P.A.L.S.)

LEA Case Manager Name: Mary Jude Doeringhaus, Assistant Superintendent

Phone Number 650-590-5947

Pupil Name: Student 11

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:

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 6/22/2015-7/3/15 12hrs/Wk. 7/7/15-7/31/15 10hrs. /Wk. (No service the week of 8/3/15) 8/10/15-8/25/15 12hrs/Wk. 8/26/15-10/1/15 12hrs/Wk. 10/2/15-11/30/15 22hrs/Wk.	\$38.00/hr.	24hrs 40hrs 36hrs 72hrs 154hrs	\$912.00 \$1,520.00 \$1,368.00 \$2,736.00 \$5,852.00
9. Supervision to include:					6/22/15-8/21/15 17.5hrs total over summer 8/26/15-10/1/15 2.5hrs	\$70.00/hr.	17.5hrs 15hrs	\$1,225.00 \$1,050.00

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				
					10/2/15-11/30/15 4hrs/wk.		28hrs	\$1,960.00
10. Director Service to include:					6/22/15-8/21/15 8.75hr total over summer		8.75hrs	\$1,225.00
					8/26/15-10/1/15 1hr/Wk.	\$140.00/hr.	6hrs	\$840.00
					10/2/15-11/30/15 2hrs/Wk.		14hrs	\$1,960.00
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**

\$20,648.00

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-

PALS
(Name of Nonpublic School/Agency)

[Signature]
(Signature) 10/5/15
(Date)

Heather Hutton Director of
(Name and Title)

Revised 3/04

-DISTRICT-

San Carlos School District
(Name of School District)

[Signature]
(Signature) 10/6/15
(Date)

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

Account Payroll