

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

LEA Case Manager Name: Mary Jude Doerpinghaus, Assistant Superintendent

Phone Number 650-590-5947

Pupil Name: Student Ba. 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 6/17/15-8/24/15 70hrs total 8/24/15-9/25/15 7hrs/Wk. 9/28/15-12/4/15 4hrs/wk.	\$38.00/hr. 	70hrs 35hrs 36hrs	\$2,660.00 \$1,330.00 \$1,368.00
9. Supervision to include:					ESY 6/17/15-8/24/15 12.25hrs total 8/24/15-9/25/15 1.75hrs/wk. 9/28/15-12/4/15 1.75hrs/Wk.	\$70.00/hr. 	12.25hrs 8.75hrs 15.75hrs	\$857.50 \$612.50 \$1,102.50
10. Director Service to include:					ESY 6/17/15-8/24/15 3.5hrs total	\$140.00/hr.	3.5hrs	\$490.00

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				
					8/24/15-9/25/15 0.5hrs/wk.		2.5hrs	\$350.00
					9/28/15-12/4/15 1.5hrs/Month.		13.5hrs	\$1,890.00
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**

\$ 10,660.50

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-

Pacific Autism Learning Services. (P.A.L.S.)
(Name of Nonpublic School/Agency)




10/7/15
(Date)

Heather Heaton Dir Acting
(Name and Title)

-DISTRICT-

San Carlos School District
(Name of School District)

 10/9/15
(Signature) (Date)

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