

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: Starfish Therapies

LEA Case Manager Name: Mary Jude Doerpinghaus, Assistant Superintendent

Phone Number 650-590-5947

Pupil Name: Student #4 Sex: \_\_\_\_\_

Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 (If different from student)

**AGREEMENT TERMS:**

- i. *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			X		ESY 7/7/15-7/31/15 0.5hrs./Wk.  8/26/15-10/14/15 0.5hrs/Wk.  10/15/15-6/14/16 0.5hrs/Wk.	\$108.00/hr.   \$108.00/hr.	2hrs  4hrs  15hrs	\$216.00  \$432.00  \$1,620.00
7. One to one Aide								
8. Behavior intervention to include:								
9. Supervision 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				
10. Consultation to include:					8/26/15-10/14/15 5hrs/year	\$108.00/hr.	3hrs	\$324.00
11. FBA Assessment					10/15/15-6/14/16 5hrs/year		5hrs	\$540.00
12. Other								
13. Other								

ESTIMATED MAXIMUM RELATED SERVICES COST

C. SPECIALIZED EQUIPMENT/SUPPLIES \_\_\_\_\_ \$

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

4. Other Provisions/Attachments: \_\_\_\_\_ \$ 3,132.00

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-**

Starfish Therapies  
(Name of Nonpublic School/Agency)

Stacymmenz 10/29/15  
(Signature) (Date)

Stacymmenz owner  
(Name and Title)

**-DISTRICT-**

San Carlos School District  
(Name of School District)

Mary Jude Doerpinghaus 10/30/15  
(Signature) (Date)

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