

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:

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			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.	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-

-DISTRICT-

Starfish Therapies
(Name of Nonpublic School/Agency)

San Carlos School District
(Name of School District)

Stacy Mmenz 10/29/15
(Signature) (Date)

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

Stacy Mmenz owner
(Name and Title)

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