

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				
12. Other: Assistive Technology			X		ESY 6/29/15-7/24/15 0.5hrs (0.5hrs left over from 8hr bank)	\$156.50/hr.	0.5hrs	\$78.25
					6/29/15-7/24/15 3hrs/Month (2 hrs. Direct & 1hr Consult)		3hrs	\$469.50
					8/26/15-11/4/15 3hrs/Month		9hrs	\$ 1,408.50
					11/5/15-3/24/16 4hrs/Month (1hr. for consultation & devise upkeep)		20hrs	\$3,130.00
13. Other								

ESTIMATED MAXIMUM RELATED SERVICES COST

C. SPECIALIZED EQUIPMENT/SUPPLIES _____ \$

TOTAL ESTIMATED MAXIMUM RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES

4. Other Provisions/Attachments: _____ \$ 5,086.25

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-

Community GatePath
(Name of Nonpublic School/Agency)

Kathy Keon
(Signature) _____ 11/10/15
(Date)

Kathy Ketchum Director of
(Name and Title) _____
Children's Therapy
Services

-DISTRICT-

San Carlos School District
(Name of School District)

Mary Jude Doeringhaus
(Signature) _____ 11/10/15
(Date)

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