

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:					8/24/15-6/17/16 0.5/Month Consultation	\$120.00/hr.	5hrs	\$600.00
11. FBA Assessment								
12. Other: AAC					ESY 6/17/15-8/21/15 1hr/Wk.		9hrs	\$864.00
					8/24/15-6/17/16 1hr/wk. (In the classroom)	\$96.00/hr.	38hrs	\$3,648.00
					1/4/16-6/17/16 1hr/Month (In the home)		6hrs	\$576.00
13. Other								

ESTIMATED MAXIMUM RELATED SERVICES COST

C. SPECIALIZED EQUIPMENT/SUPPLIES _____ \$

TOTAL ESTIMATED MAXIMUM RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 11,016.00
016.00

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-

-DISTRICT-

Associated Learning and Language Specialist
(Name of Nonpublic School/Agency)

San Carlos School District
(Name of School District)

[Signature] 2/10/2016
(Signature) (Date)

[Signature] 2/26/16
(Signature) (Date)

Stephane Triantafyllidis, Director
(Name and Title)

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