

Revised 2
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: Community GatePath

LEA Case Manager Name: Mary Jude Doerpinghaus, Assistant Superintendent

Phone Number 650-590-5947

Pupil Name: Student 3a. 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:								
9. Supervision to include:								
10. Consultation to include: Assistive Technology			X		11/12/15-2/12/16 12hrs / year (To set up talker and to consult w/parents and staff)	\$156.50/hr.	12hrs.	\$1,878.00
11. FBA Assessment								

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 6/17/15-7/15/15 0.5HRS/Wk. 8/24/15-9/25/15 2hrs/Month 11/12/15-2/10/16 0.5hrs/Wk. 2/11/16-6/10/16 2hrs/Month	\$156.50/hr	2.5hrs 2hrs 5hrs 8hrs	\$391.25 \$313.00 \$782.50 \$1,252.00
13. Other: Assistive Technology Assessment			X		9/25/15-11/8/15 15hrs total (For AAC Assessment)	\$156.50/hr	15hrs	\$2,347.50

ESTIMATED MAXIMUM RELATED SERVICES COST

C. SPECIALIZED EQUIPMENT/SUPPLIES _____ \$

TOTAL ESTIMATED MAXIMUM RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 6,964.25

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-

Community GatePath
(Name of Nonpublic School/Agency)

San Carlos School District
(Name of School District)

Kay Kuo 2/25/16
(Signature) (Date)

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

(Name and Title)

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