

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 Sex: assessment Grade: #1

Address: assessment City: #1 State/Zip:

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								
7. One to one Aide								
8. Behavior intervention to include:								
9. Supervision to include:								
10. Consultation to include:								
11. FBA Assessment								
12. Other								

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				
13. Other: AAC Assessment			X		3/1/16-6/30/16 15hrs total	\$156.50	15hrs	\$2,347.50

ESTIMATED MAXIMUM RELATED SERVICES COST

C. SPECIALIZED EQUIPMENT/SUPPLIES _____ \$

TOTAL ESTIMATED MAXIMUM RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 2,347.50

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-

Community GatePath
(Name of Nonpublic School/Agency)

Kathy Ketchum 2/25/16
(Signature) (Date)

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

-DISTRICT-

San Carlos School District
(Name of School District)

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

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