

INDIVIDUAL SERVICES AGREEMENT FOR NONPUBLIC, SCHOOL/AGENCY SERVICES

(Education Code Sections 56365 et seq.)

This agreement is effective on _____ or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, _____ unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency (DOR) #1 _____ Date _____ Contact _____ Phone Number _____

Local Education Agency (DOR) #2 _____ Date _____ Contact _____ Phone Number _____

Local Education Agency (DOR) #3 _____ Date _____ Contact _____ Phone Number _____

Local Education Agency (DOR) #4 _____ Date _____ Contact _____ Phone Number _____

Local Education Agency (DOS) – Billing Entity (if different than DOR): _____ Phone Number _____

Local Education Agency Case Manager: _____ Phone Number _____

Pupil Name _____ Sex: M F
(Last) (First) (M.I.)

Grade _____ SSID _____

Address _____ City _____ State/Zip _____

DOB _____ Residential Setting: Home Foster LCI # _____ OTHER _____

Parent/Guardian _____ Phone _____
(Cell) (Business)

Address _____ City _____ State/Zip _____
(If different from student)

Does Parent/Guardian hold educational rights? Yes No If not, ed rights holder contact information: _____

AGREEMENT TERMS:

Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.

<p>A. EDUCATION PROGRAM: (Applies to nonpublic schools only):</p> <p>1. <i>Nonpublic School:</i> The average number of minutes in the instructional day will be: _____ minutes during the regular year _____ minutes during the extended school year</p> <p>2. <i>Nonpublic School:</i> The number of school days in the calendar of the school year are: <u>180 days</u> during the regular school year <u>20 days</u> during the extended school year</p>	<p>SEE SELPA POLICY – will provide guidance</p>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Estimated Number of Days:</td> <td style="width: 33%;">Daily Rate: \$</td> <td style="width: 33%;">Projected Basic Education Costs: \$</td> </tr> <tr> <td>Extended School Year</td> <td>Daily Rate: \$</td> <td>Projected Basic Education Costs: \$</td> </tr> </table>	Estimated Number of Days:	Daily Rate: \$	Projected Basic Education Costs: \$	Extended School Year	Daily Rate: \$	Projected Basic Education Costs: \$	
Estimated Number of Days:	Daily Rate: \$	Projected Basic Education Costs: \$					
Extended School Year	Daily Rate: \$	Projected Basic Education Costs: \$					

B. RELATED SERVICES (Applies to NPS and/or NPA):

SERVICE	Provider				Duration: # of Times per wk. / mo. / yr.	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify				
Specialized Academic Instruction (330)						\$		\$
Intensive Individual Services (340)						\$		\$
Language/Speech Therapy (415) a. Individual						\$		\$
Language/Speech Therapy (415) b. Group						\$		\$
Assessment						\$		\$
Occupational Therapy (450)						\$		\$
Individual						\$		\$
Group						\$		\$
Assessment						\$		\$
Physical Therapy (460)						\$		\$
Individual Counseling (510)						\$		\$
Counseling & Guidance (515)						\$		\$
Parent Counseling (520)						\$		\$
Psychological Services (530)						\$		\$
Behavior Intervention Services (535)						\$		\$
Other Transition Services (890)						\$		\$
						\$		\$
						\$		\$
ESTIMATED MAXIMUM RELATED SERVICES COST:								\$

	LEA	NPS		ROUND TRIP MILES	COST PER MILE	MAXIMUM # OF DAYS		
C. TRANSPORTATION NPS Transports								\$

Shall not include transportation through use of Services or equipment owned, leased or contracted through LEA unless provided directly or subcontracted by the NPS/A. In the event of a declared state emergency (e.g., pandemic, fire, flood), transportation costs will be pro-rated since the services will be reduced. The reduced payment will serve to offset the operating costs of maintaining a transportation "fleet" but will not be paid at a rate that is equal to or higher than typical operating costs.

TYPE	RATE	PERIOD
a.) Transportation – Round Trip		
b.) Transportation – One Way (Community)		
c.) Transportation - Round Rip (Community)		
d.) Transportation – 1 on 1 Rider (per IEP)		
e.) Transportation – Safety Rider <i>(LEA will be billed for the bus safety riders based on the proportion of students on the bus.)</i>		
f.) Transportation – Dual Enrollment		
g.) Public Transportation		
h.) Parent <i>(Parent transportation rates are to be determined by the LEA.)</i>		
i.) Paid to NPA/A		
j.) Other (900) <i>(Identify Licensed / Credentialed service_____)</i>		

TOTAL ESTIMATED MAXIMUM COST OF PLACEMENT: SECTIONS A + B + C	\$
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The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-DISTRICT #1

(Name of Nonpublic School/Agency)

(Name of School District)

(Signature)
(Date)

(Signature)
(Date)

(Name and Title)

(Name of Superintendent or Authorized Designee)

-CONTRACTOR-

-DISTRICT #2

(Name of Nonpublic School/Agency)

(Name of School
District)

(Signature)
(Date)

(Signature)
(Date)

(Name and Title)

(Name of Superintendent or Authorized Designee)

-CONTRACTOR-

-DISTRICT #3

(Name of Nonpublic School/Agency)

(Name of School
District)

(Signature)
(Date)

(Signature)
(Date)

(Name and Title)

(Name of Superintendent or Authorized Designee)

-CONTRACTOR-

-DISTRICT-#4

(Name of Nonpublic School/Agency)

(Name of School
District)

(Signature)
(Date)

(Signature)
(Date)

(Name and Title)

(Name of Superintendent or Authorized Designee)