

Effective Date: February 13, 2017 **Expiration Date:** May 26th, 2017

Pupil Name: _____ Sex: _____ Grade: _____
(Last) (First)

Residential Setting: (X) Home () Foster () **Placement:** A or C

SERVICES	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	SELPA	NPS	NPA	OTHER Specify			Regular School Year	Extended School Year	
A. BASIC EDUCATION		x			\$150.00	Daily	67 ✓		\$10,050.00
B. RELATED SERVICES									
1. Transportation a. Paid to NPS/A b. Reimburse parent									
2. Counseling a. Group b. Individual c. Family									
3. Adapted P.E.									
4. Speech/Language a. Group b. Individual		X			\$140.00	1xwk	14 ✓		\$1,960.00
5. Occupational Therapy a. Therapy b. Consultation									
6. Physical Therapy a. Therapy b. Consultation									
7. ABA a. Consult b. Direct c. Supervision d. Assessment									
8. One-to One Aide		X			\$140.00	Daily	14		\$1,960.00
9. Other									
C. RESIDENTIAL SERVICES a. Board and Care b. Mental Health Services									
							TOTAL COST		\$ 13,970.00

-SELPA -

(Date)

Judy Kindle, Executive Director
(Name and Title)