INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL OR NONPUBLIC AGENCY SERVICES

(Education Code Sections 56365 et seq.)

	s agreement is effective on <u>August 1, 2</u> fter the date identified, and terminates at \$										
Loc	cal Education Agency Ravenswood City	School Distr	uct		Nonpublic School /Agen	cy_ Arbor Bay Sc	hool				
LE.	A Case Manager: NameJennifer Grave	m, Interim D	Director of	Special Education	n Phone N	lumber	(Ero pu fil)				
Pu	oil Name					Sex: 🛚 📉	M F Grade: 5	1			
Ad	(Last) (First) (M.I.) dress 20 Euclid Ave			C	ity East Palo Alto		State/Zip	CA			
DO	B 10/24/2008 Residential Setting: D	Xi Home ⊡Fo	oster □LCI	#		COTHE	R				
Pai	rent/Guardian <u>Alma Arreola</u>			Phone (65	0) 785-9310	()				
Àdo	esidence) dress _2281 Poplar Ave lifferent from student)			C	ity <u>East Palo Alto</u>		State/Zip_	CA, 94303			
1.	REEMENT TERMS: Nonpublic School: The average numbe				250x5 week		extended school	year			
2.	 Nonpublic School: The number of school days in the calendar of the school year are:during the regular school yearduring the extended school year 										
3.	Educational services as specified in the	IEP shall be	e provided	by the CONTRA	ACTOR and paid at the r	ates specified bel	OW.				
	A. INCLUSIVE AND/OR BASIC ED	ASIC EDUCATION PROGRAM RATE: (Applies to nonpublic schools only): Daily Rate: \$212 Daily									
	Estimated Number of Days180	_ x Daily	Rate	\$212 = PR	ROJECTED BASIC EDU	CATION COSTS	\$38,160				
1	B. RELATED SERVICES:				1						
	SERVICE	LEA	Provid NPS	OTHER Specify	# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period			
	Intensive Individual Services (340)										
	Language/Speech Therapy (415) a. Individual b. Group		Х		30min x 2 = 60 weekly	\$93/hour	72	\$6,696			
	Adapted Physical Ed. (425)										
	Health and Nursing: Specialized Physical Health Care (435)										
	Health and Nursing Services: Other (436)										
	Assistive Technology Services (445)										
	Occupational Therapy (450)				30 min x1 weekly = 30 weekly	\$100/hour					
	Physical Therapy (460)										
	Individual Counseling (510)										
İ	Counseling and guidance (515).										

MASTER CONTRACT APPROVED BY TH	IE GOVERNING BO	ARD ON				
6. Progress Reporting Requirements: Quarterly Monthly			Other (Specify)			
he parties hereto have executed this I elow.	ndividual Service	s Agreement	t by and through their duly authorized agents or representatives as set forth			
-CONTRA	ACTOR-		-LOCAL EDUCATION AGENCY -			
Arbor Bay School (Name of Nonpublic School/Age	ncy)		Ravenswood City School District (Name of LEA)			
(Signature)			(Signature)			
(Name and Title)			Gina Sudaria, Interim Superintendent (Name of Superintendent or Authorized Designee)			
(Date)			(Date)			
(Butt)						
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