

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

(Education Code Sections 56365 et seq.)

This agreement is effective on 10/7/19 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, 2020, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency Ravenswood City School District Nonpublic School /Agency Wings Learning Center

LEA Case Manager: Name _____ Phone Number _____

Pupil Name _____ Sex: ☐ M ☒ F Grade: 5

(Last) (First) (M.I.)

Address _____ City East Palo Alto State/Zip CA, 94303

DOB _____ Residential Setting: ☒ Home ☐ Foster ☐ LIC # _____ ☐ OTHER _____

Parent/Guardian _____ Phone (650) _____ () _____

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

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: _____ during the regular school year
_____ during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: _____ during the regular school year
_____ during the extended school year
- Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \$279

Estimated Number of Days 156 **x Daily Rate** \$279 = **PROJECTED BASIC EDUCATION COSTS** \$43,524

B. RELATED SERVICES:

SERVICE	Provider			# 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
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)		X		27.5 hrs/wk	\$36.00 /hr	31	\$30,888.00
Language/Speech Therapy (415) a. Individual b. Group				a. 90 min/wk	\$177.00/hr	31	\$8,230.50
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)				Ind: 60 min/wk	\$177.00/hr	31	\$5,487.00
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							
Social Work Services (525)							

Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (State Meal Mandate costs)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST\$ 44,605.50

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS\$ 88,129.50

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Requirements: Quarterly Monthly Other (Specify) _____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LOCAL EDUCATION AGENCY -

Wings Learning Center

(Name of Nonpublic School/Agency)
Karen Kaplan 10-1-18
(Signature) (Date)

Karen Kaplan, Executive Director

(Name and Title)
kaplan@wingslearningcenter.org
(return email address)

(Name of LEA)

(Signature) (Date)

(Name of Superintendent or Authorized Designee)

