

INDIVIDUAL SERVICES AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES

(Education Code Sections 56365 et seq.)

This agreement is effective on 8/15/2019 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 10, 2020 unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency(LEA)		Ravenswood School District		Nonpublic School/Agency		BMR Health Services Inc.	
Address		2120 Euclid Ave,		Address		7041 Koll center Parkway suite 210	
City, State Zip		East Palo Alto, CA 94303		City, State, Zip		Pleasanton, CA. 94566	
LEA Case Manager		Jennifer Gravem Director		Phone		855-828-3200	Fax
				e-Mail			
Student Last Name				Student First Name			
D.O.B.				I.D. #			
Grade				Level			
Parent/ Guardian Last Name				Parent/ Guardian First Name			
Address				Contract Begins		08/15/2019	Ends
City, State, Zip				Master Contracts approved at the SELPA level. Contact SELPA for approval date or copy of contract.			
Home Phone				Business			

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

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
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
A. BASIC EDUCATION									
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			XX	Rebecca Green	\$95/HR		140		\$106,400
5. Occupational Therapy a. Therapy b. Consultation									

B. RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
6. Physical Therapy a. Therapy b. Consultation									
7. ABA a. Consult b. Direct c. Supervision d. Assessment									
8. One-to-One Aide									
9. Other									
10. Residential Services a. Board and Care b. Mental Health Services									
						TOTAL COST			\$ 130,944.00

ESTIMATED MAXIMUM RELATED SERVICES COST \$ _____

SPECIALIZED EQUIPMENT/SUPPLIES \$ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 106,400

4. Other Provisions/Attachments: _____

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-

-DISTRICT-

BMR Health Services Inc. _____ Redwood City School District 750 Bradford St. RWC, CA. 94063
(Name of Nonpublic School/Agency) (Name of School District)

Jicky Thomas _____ 8/15/2019 _____
(Signature) (Date) , Superintendent (Date)

Jicky Thomas CEO _____ Jennifer Gravem, Director of special education
(Name and Title)