

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			Phone	855-828-3200	Fax	925-264-1291
	Director			e-Mail			
Student Last Name			Student First Name			Program Contact Name	
D.O.B.			I.D. #			Phone	Fax
Grade		Level		Sex	() M () F		
Parent/ Guardian Last Name			Parent/ Guardian First Name			Education Schedule – Regular School Year	
						Number of Days	140
Address				Education Schedule – Extended School Year			
				Number of Days			Number of Weeks
City, State, Zip				Contract Begins	08/15/2019	Ends	6/10/2020
Home Phone			Business			Master Contracts approved at the SELPA level. Contact SELPA for approval date or copy of contract.	

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

<u>SERVICES</u>	<u>PROVIDER</u>				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	<u>LEA</u>	<u>NPS</u>	<u>NPA</u>	<u>OTHER</u> 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.
(Name of Nonpublic School/Agency)

Redwood City School District 750 Bradford St. RWC, CA. 94063
(Name of School District)

Jicky Thomas
(Signature)

8/15/2019
(Date)

, Superintendent (Date)

Jicky Thomas CEO
(Name and Title)

Jennifer Gravem, Director of special education