



STUDENT NAME: CrisAnthony James

DATE OF IEP: \_\_\_\_\_

| RELATED SERVICES<br>(cont'd) | PROVIDER |     |     |                  | Cost and<br>Duration<br>of Session | Number of<br>Sessions<br>per<br>wk/mo/yr | Maximum<br>Number of<br>Sessions |                    | Estimated<br>Maximum<br>Total Cost<br>for<br>Contracted<br>Period |
|------------------------------|----------|-----|-----|------------------|------------------------------------|--|----------------------------------|--------------------|---|
|                              | LEA      | NPS | NPA | OTHER<br>Specify |                                    |  | Reg<br>School<br>Year            | ESY                |   |
|                              |          |     |     |                  |                                    |  |                                  |                    |   |
|                              |          |     |     |                  |                                    |  |                                  |                    |   |
|                              |          |     |     |                  |                                    |  |                                  |                    |   |
|                              |          |     |     |                  |                                    |  |                                  |                    |   |
|                              |          |     |     |                  |                                    |  |                                  |                    |   |
|                              |          |     |     |                  |                                    |  |                                  |                    |   |
|                              |          |     |     |                  |                                    |  |                                  |                    |   |
|                              |          |     |     |                  |                                    | <b>TOTAL COST</b>                        |                                  | <b>\$67,130.00</b> |   |

**ESTIMATED MAXIMUM RELATED SERVICES COST** \$ \$13,580.00

SPECIALIZED EQUIPMENT/SUPPLIES \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES** \$ \$67,130.00

4. Other Provisions/Attachments:  
\_\_\_\_\_  
\_\_\_\_\_

5. Progress Reporting Requirements: \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON  
\_\_\_\_\_

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

-CONTRACTOR-

-DISTRICT-

Spectrum School  
(Name of Nonpublic School/Agency)

Ravenswood City SD  
(Name of School District)

  
(Signature) 9/16/2019  
(Date)

\_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Date)

Chris Holmes, Senior VP of Operations  
(Name and Title)

\_\_\_\_\_  
(Name of Superintendent or Authorized Designee)

clammie@spectrumschools.com