

(Education Code Section 56365 et seq.)

**Effective Date:** July 1<sup>st</sup>, 2020 **Expiration Date:** June 30<sup>th</sup> 2021

### **Behavioral & Educational Strategies & Training**

**Pupil Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**District of Residence:** Sylvan Unified **DOB:** [REDACTED]

**District of Financial Responsibility:** Sylvan Co-funded Agency: VMRC

### DESIGNATED INSTRUCTION AND SERVICES/RELATED SERVICES

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
	SELP A	NPS	NPA	OTHER Specify			Regular School Year	Extended School Year	
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									
5. Occupational Therapy									
a. Therapy									
b. Consultation									
6. Physical Therapy									
a. Therapy									
b. Consultation									
7. ABA									
a. Consult									
b. Direct									
c. Supervision									
d. Assessment									
8. One-to One Aide									
9. Other									
C. RESIDENTIAL SERVICES									
a. Board and Care									
b. Mental Health Services									
							TOTAL COST		\$33,280.32

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

**-SELPA -**

Sylvan Unified School District

 5.21.2020  
\_\_\_\_\_  
(Signature) (Date)

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

Jeff Sales, Controller  
(Name and Title)