

**gINDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL  
OR NONPUBLIC AGENCY SERVICES**  
(Education Code Sections 56365 et seq.)

This agreement is effective on March 1 2021 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, 2021, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency Ravenswood City School District Nonpublic School /Agency AchieveKids

LEA Case Manager: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Pupil Name \_\_\_\_\_ Sex:  M  F Grade: \_\_\_\_\_

Residential Setting:  Home  Foster  LCI # \_\_\_\_\_  OTHER \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone ( 650 461-0141 \_\_\_\_\_ ( 650 ) \_\_\_\_\_

Address \_\_\_\_\_ (If different from student) (Residence) City East Palo A (Business) State/Zip 94303

**AGREEMENT TERMS:**

1. *Nonpublic School:* The average number of minutes in the instructional day will be: 333 during the regular school year  
240 during the extended school year
2. *Nonpublic School:* The number of school days in the calendar of the school year are: 193 during the regular school year  
25 during the extended school year
3. *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: \$326.00  
**Estimated Number of Days 77 x Daily Rate \$326.00 = PROJECTED BASIC EDUCATION COSTS \$25102.00**

**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)							
Language/Speech Therapy (415) a. Individual b. Group							
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) Consult							
Physical Therapy (460)							
Individual Counseling (510)		X		1 x 30 min. / wkly	\$90.00 / ½ hr	16	\$1440
Group 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		X		77 days		\$95.00 / day		\$7315
Bus Passes								
Other								
Other								

ESTIMATED MAXIMUM RELATED SERVICES COST \$9811.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS\$ \$34,913.00

4. Other Provisions/Attachments:

\_\_\_\_\_

\_\_\_\_\_

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

6. Progress Reporting Requirements:      Quarterly      Monthly      Other (Specify)  
October 2020 January 2021, March 2021, June 2021

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 -

AchieveKids

Ravenswood City School District

\_\_\_\_\_  
(Name of Nonpublic School/Agency)

\_\_\_\_\_  
(Name of LEA )

DocuSigned by:

*Skye Cary*

4/5/2021

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

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

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

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

Skye Cary, Program Specialist

\_\_\_\_\_  
(Name and Title)

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