

**2020-2021**  
**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL**  
**OR NONPUBLIC AGENCY SERVICES**  
 (Education Code Sections 56365 et seq.)

This agreement is effective on April 26, 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, 201\_\_, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency San Mateo Foster City School District Nonpublic School /Agency Therapeutic Learning Consultants, Inc. (TLC)

LEA Case Manager: Name Alma Ellis, Director of Special Education Phone Number \_\_\_\_\_

Pupil Name Beresford Elementary School Sex:  M  F Grade: PreK SDC  
 (Last) (First) (M.I.)

Address 300 28th Avenue City San Mateo State/Zip CA 94403

DOB N/A Residential Setting:  Home  Foster  LCI # \_\_\_\_\_  OTHER N/A

Parent/Guardian N/A Phone ( ) N/A ( ) N/A

Address N/A (Residence) (Business)  
 (If different from student) City N/A State/Zip N/A

**AGREEMENT TERMS:**

1. *Nonpublic School:* The average number of minutes in the instructional day will be: \_\_\_\_\_ during the regular school year  
 \_\_\_\_\_ during the extended school year
2. *Nonpublic School:* The number of school days in the calendar of the school year are: \_\_\_\_\_ during the regular school year  
 \_\_\_\_\_ 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: \_\_\_\_\_

**Estimated Number of Days** \_\_\_\_\_ **x Daily Rate** \_\_\_\_\_ **= PROJECTED BASIC EDUCATION COSTS** \_\_\_\_\_

**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 Contract 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)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515)							

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 Contract Period
	LEA	NPS	OTHER Specify				
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)			TLC Para Aide	20 hrs a week	\$46 per hour	weekly	\$7,360
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Service (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 (900)J							
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other-BID Case Supervision			TLC Supervision	3 hours per week	\$122 per hour	Weekly	\$976

ESTIMATED MAXIMUM RELATED SERVICES COST\$ \$8,336

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS\$ \$8,336

4. Other Provisions/Attachments:

\_\_\_\_\_  
\_\_\_\_\_

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

6. 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-

-LEA -

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

SAN MATEO-FOSTER CITY SCHOOL  
DISTRICT

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

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

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

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

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

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

ALMA ELLIS, DIRECTOR of SPECIAL  
EDUCATION

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