

Revised 2  
**INDIVIDUAL SERVICES AGREEMENT FOR NONPUBLIC, NONSECTARIAN AGENCY SERVICES**  
 (Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2014 or the date student begins receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2015 unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency: San Carlos School District

Nonpublic School/Agency: All Hands In

LEA Case Manager Name: Mary Jude Doeringhaus, Assistant Superintendent

Phone Number 650-590-5947

Pupil Name: Student #14

Sex \_\_\_\_\_

Grade \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip: \_\_\_\_\_

DOB: \_\_\_\_\_

Residential Setting: (X) Home ( ) Foster ( ) LCI # \_\_\_\_\_ ( ) OTHER \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone: \_\_\_\_\_

Address \_\_\_\_\_  
 (If different from student)

City \_\_\_\_\_ State/Zip \_\_\_\_\_

**AGREEMENT TERMS:**

1. Related services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below:

**DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:**

SERVICE	Provider				# of Times per wk/mo/yr., Duration; or per IEP.	Cost per session	Maximum Number of Sessions/Hours	Estimated Maximum Total Cost for Contracted Period
	LE A	NPS	NPA	OTHER Specify				
1. Educational Counseling a. Individual b. Group								
2. Language/Speech Therapy a. Individual b. Group								
3. Occupational Therapy								
4. Adapted Physical Ed.								
5. Orientation and Mobility								
6. Physical Therapy								
7. One to one Aide								
8. Behavior intervention to include: <b>Tutor:</b>				X	8/25/14-9/30/14 2 hrs/week  10/1/14 - 5/6/15 2hrs/ Week  5/7/15-6/11/15 6hrs total  (Served as needed training para educator, school team on behavior plan.)	\$87.00/hr.          11 hrs.  54  6hrs	\$957.00          \$4,698.00          \$522.00	
9. Supervision to include:								

SERVICE	Provider				# of Times per wk/mo/yr., Duration; or per IEP.	Cost per session	Maximum Number of Sessions/ Hours	Estimated Maximum Total Cost for Contracted Period
	LE A	NPS	NPA	OTHER Specify				
10. Consultation to include:								
11. FBA Assessment								
12. Other								
13. Other								

ESTIMATED MAXIMUM RELATED SERVICES COST

C. SPECIALIZED EQUIPMENT/SUPPLIES \_\_\_\_\_ \$

**TOTAL ESTIMATED MAXIMUM RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES** \$ 6,177.00  
 4. Other Provisions/Attachments: \_\_\_\_\_

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

INDIVIDUAL SERVICES AGREEMENT APPROVED BY CASE MANAGER:

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

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

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

**-CONTRACTOR-**

**-DISTRICT-**

All Hands In  
 (Name of Nonpublic School/Agency)

San Carlos School District  
 (Name of School District)

Melina M Sunde 5/15/15  
 (Signature) (Date)

[Signature] 5/18/15  
 (Signature) (Date)

Melissa Sandlin Director  
 (Name and Title)

Mary Jude Doerpinghaus, Assistant Superintendent  
 (Name of Superintendent or Authorized Designee)