

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

Phone Number 650-590-5947

LEA Case Manager Name: Mary Jude Doeringhaus, Assistant Superintendent

Pupil Name Student #15a Sex: \_\_\_\_\_

Grade: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_

State/Zip Code \_\_\_\_\_

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: consultation, training and team meeting.		X			12/1/14-1/15/15 2hrs/Wk.	\$87.00/Hr.	10 hrs.	\$870.00
					1/16/15-4/20/15 2hrs/wk.		24hrs	\$2,088.00
					4/20/15-6/11/15 1hr/ Monthly (60 minutes of consultation per month to be used for team meetings to review data and revise program as needed.)		3hrs	\$261.00
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** \$ 3,219.00

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-

All Hands In  
(Name of Nonpublic School/Agency)

Melina Sanchez 5/15/15  
(Signature) (Date)

Melissa Sandlin Director  
(Name and Title)

-DISTRICT-

San Carlos School District  
(Name of School District)

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

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