

INDIVIDUAL SERVICES AGREEMENT FOR THE STEP PROGRAM

This Individual Services Agreement (“ISA”) is effective on July 1, 2020 and terminates on June 30, 2021, unless sooner terminated as provided in the Memorandum of Understanding executed between East Whittier City School District and South Whittier School District on (“Agreement”), of which the terms and conditions are incorporated into the ISA by this reference.

Responsible LEA (“LEA”)		South Whittier School District			East Whittier		East Whittier City School District						
Address		11200 Telechron Ave			Address		14535 E. Whittier Blvd.						
City, State Zip		Whittier, CA 90605			City, State, Zip		Whittier, CA 90605						
LEA Case Manager		Huizar, Diana			Phone		562-907-5900		Fax	562-907-9911			
					e-Mail		valonzo@ewcsd.org						
Student Last Name		Rivero		Student First Name	Leann		Program Contact Name		Diana Grant				
							Phone		562-907-5930				
							Fax		562-907-9911				
D.O.B.		09/25/2009		I.D. #	204000139		e-Mail		dgrant@ewcsd.org				
Grade	5	Level		Sex	() M (X) F		Education Schedule – Regular School Year						
Parent/ Guardian Last Name		Noy		Parent/ Guardian First Name		Rosa		Number of Days		65	Number of Weeks		14
								Education Schedule – Extended School Year					
								Number of Days		20	Number of Weeks		4
Address		13921 Placid Dr.				Contract Begins		Fe. 23, 2021		Ends	June 30, 2021		
City, State, Zip		Whittier, CA 90604				Agreement Approved							
Home Phone	562-201-3769		Cell Phone			by the Governing Board on							

EDUCATION AND 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
	LEA		OTHER Specify			Reg School Year	ESY	
A. BASIC EDUCATION		X				65 Days	20 Days	\$17,000.00
B. RELATED SERVICES								
1. One to One Aide								
2. Speech/Language								
3. Occupational Therapy								
4. Physical Therapy								
5. Counseling and Guidance		X				65 Days	20 Days	

							TOTAL COST		\$17,000.00
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\$17,000.00

ESTIMATED MAXIMUM RELATED SERVICES COST \$ _____

SPECIALIZED EQUIPMENT/SUPPLIES _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ **\$17,000.00**

4. Other Provisions/Attachments: _____

5. Progress Reporting Requirements: _____ Quarterly _____ Monthly _____ Other (Specify _____)

AGREEMENT APPROVED BY THE GOVERNING BOARD ON _____

The parties have executed this ISA through their duly authorized agents or representatives as set forth below.

-RESPONSIBLE LEA-

-East Whittier-

(Name of Responsible LEA)

East Whittier City School District

(Signature) (Date)

(Signature) (Date)

(Name of Superintendent or Authorized Designee)

(Name of Superintendent or Authorized Designee)