

INDIVIDUAL SERVICES AGREEMENT FOR THE STEP PROGRAM

This Individual Services Agreement ("ISA") is effective on July 1, 2021 and terminates on June 30, 2022, 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	yalonzo@ewcsd.org		
Student Last Name		Student First Name		Program Contact Name		Shermella Roquemore	
D.O.B.		I.D. #		Phone	562-907-5930	Fax	562-907-9911
Grade		Level		e-Mail	sroquemore@ewcsd.org		
		Sex	M	Education Schedule – Regular School Year			
Parent/Guardian Last Name		Parent/Guardian First Name		Number of Days	180	Number of Weeks	40
				Education Schedule – Extended School Year			
				Number of Days	20	Number of Weeks	4
Address				Contract Begins	July 1, 2021	Ends	June 30, 2022
City, State, Zip				Agreement Approved			
Home Phone		Cell Phone		by the Governing Board on			

EDUCATION AND RELATED SERVICES:

<u>SERVICES</u>	<u>PROVIDER</u>			Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	<u>LEA</u>		OTHER Specify			Reg School Year	ESY	
A. BASIC EDUCATION		X				180 Days	20 Days	\$40,000.00
B. RELATED SERVICES								
1. One to One Aide								
2. Speech/Language								
3. Occupational Therapy								
4. Physical Therapy								
5.								

	TOTAL COST	\$40,000.00
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ESTIMATED MAXIMUM RELATED SERVICES COST \$ \$40,000.00

SPECIALIZED EQUIPMENT/SUPPLIES _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ _____

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)