

**2021-2022**  
**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL**  
**OR NONPUBLIC AGENCY SERVICES**  
 (Education Code Sections 56365 et seq.)

This agreement is effective on 6/28/2021 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 July 23, 2021, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency \_\_\_\_\_ Nonpublic School /Agency Therapeutic Learning Consultants

LEA Case Manager: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Pupil Name \_\_\_\_\_ Sex:  M  F Grade: \_\_\_\_\_  
 (Last) (First) (M.I.)

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

DOB \_\_\_\_\_ Residential Setting:  Home  Foster  LCI # \_\_\_\_\_  OTHER \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 (Residence) (Business)

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 (If different from student)

**AGREEMENT TERMS:**

- Nonpublic School:* The average number of minutes in the instructional day will be: \_\_\_\_\_ during the regular school year  
 \_\_\_\_\_ during the extended school year
- 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 Contracted 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).							
Parent Counseling (520)							

Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)			TLC Para Aide	5 hrs/day; 5 days/week	\$46 per/hour	19 days	\$4,370.00
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Services (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 Case Supervision	3 hours/week	\$122 per/hour	4 weeks	\$1,464.00

ESTIMATED MAXIMUM RELATED SERVICES COSTS \$ 5,834.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 5,834.00

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 -

Therapeutic Learning Consultants  
(Name of Nonpublic School/Agency)

SAN MATEO-FOSTER CITY SCHOOL DISTRICT  
(Name of LEA)

Rachel Fuchs                      6/15/21  
(Signature)                                      (Date)

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

Rachel Fuchs, Business Director  
(Name and Title)

SARAH DRINKWATER, ASSISTANT SUPERINTENDANT,  
STUDENT SERVICES  
(Name of Superintendent or Authorized Designee)

**2021-2022**  
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Local Education Agency \_\_\_\_\_ Nonpublic School /Agency Therapeutic Learning Consultants

LEA Case Manager: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Pupil Name \_\_\_\_\_ Sex:  M  F Grade: \_\_\_\_\_  
 (Last) (First) (M.I.)

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

DOB \_\_\_\_\_ Residential Setting:  Home  Foster  LCI # \_\_\_\_\_  OTHER \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 (Residence) (Business)

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 (If different from student)

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**B. RELATED SERVICES:**

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	LEA	NPS	OTHER Specify				
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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).							
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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 Case Supervision	3 hours/week	\$122 per/hour	4 weeks	\$1,464.00

ESTIMATED MAXIMUM RELATED SERVICES COST\$ \$5,834.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS\$ \$5,834.00

4. Other Provisions/Attachments:

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

6. Progress Reporting Requirements:                      Quarterly                      Monthly                      Other (Specify)

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-LEA -

Therapeutic Learning Consultants  
(Name of Nonpublic School/Agency)

SAN MATEO-FOSTER CITY SCHOOL DISTRICT  
(Name of LEA)

[Handwritten Signature]  
(Signature)

6/15/21  
(Date)

(Signature)

(Date)

Rachel Frueh, Business Director  
(Name and Title)

SARAH DRINKWATER, ASSISTANT SUPERINTENDANT,  
STUDENT SERVICES  
(Name of Superintendent or Authorized Designee)

**2021-2022**  
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Local Education Agency \_\_\_\_\_ Nonpublic School /Agency Therapeutic Learning Consultants

LEA Case Manager: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Pupil Name \_\_\_\_\_ Sex:  M  F Grade: \_\_\_\_\_  
 (Last) (First) (M.I.)

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

DOB \_\_\_\_\_ Residential Setting:  Home  Foster  LCI # \_\_\_\_\_  OTHER \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 (Residence) (Business)

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 (If different from student)

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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 Contracted Period
	LEA	NPS	OTHER Specify				
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Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
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Psychological Services (530)							
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Travel Training (870)							
Other Transition Services (890)							
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Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other-BID Case Supervision			TLC Case Supervision	3 hours/week	\$122 per/hour	4 weeks	\$1,464.00

**ESTIMATED MAXIMUM RELATED SERVICES COSTS**           \$5,834.00          

**TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS**           \$5,834.00          

4. Other Provisions/Attachments:

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-LEA -

Therapeutic Bay Concierge  
(Name of Nonpublic School Agency)

SAN MATEO-FOSTER CITY SCHOOL DISTRICT  
(Name of LEA)

[Signature]  
(Signature)

6/15/21  
(Date)

(Signature)

(Date)

Rachel Fouche, Business Director  
(Name and Title)

SARAH DRINKWATER, ASSISTANT SUPERINTENDANT,  
STUDENT SERVICES  
(Name of Superintendent or Authorized Designee)

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Local Education Agency \_\_\_\_\_ Nonpublic School /Agency Therapeutic Learning Consultants

LEA Case Manager: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Pupil Name Park Classroom Adie #1 Sex:  M  F Grade: \_\_\_\_\_  
 (Last) (First) (M.I.)

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

DOB \_\_\_\_\_ Residential Setting:  Home  Foster  LCI # \_\_\_\_\_  OTHER \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
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4. Other Provisions/Attachments:



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Local Education Agency \_\_\_\_\_ Nonpublic School /Agency Therapeutic Learning Consultants

LEA Case Manager: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Pupil Name Park Classroom Adie #2 Sex:  M  F Grade: \_\_\_\_\_  
 (Last) (First) (M.I.)

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

DOB \_\_\_\_\_ Residential Setting:  Home  Foster  LCI # \_\_\_\_\_  OTHER \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 (Residence) (Business)

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
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-CONTRACTOR-

-LEA -

<u>Therapeutic Learning Consultants</u> (Name of Nonpublic School/Agency)	<u>SAN MATEO-FOSTER CITY SCHOOL DISTRICT</u> (Name of LEA)
<u>Judy Felt</u> (Signature)	<u>6/15/21</u> (Date)
<u>Rachel Truch, Business Director</u> (Name and Title)	<u>SARAH DRINKWATER, ASSISTANT SUPERINTENDANT, STUDENT SERVICES</u> (Name of Superintendent or Authorized Designee)

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LEA Case Manager: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Pupil Name Park Classroom Adie #3 Sex:  M  F Grade: \_\_\_\_\_  
 (Last) (First) (M.I.)

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

DOB \_\_\_\_\_ Residential Setting:  Home  Foster  LCI # \_\_\_\_\_  OTHER \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
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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 -

Therapeutic Learning Consultants  
(Name of Nonpublic School Agency)

SAN MATEO-FOSTER CITY SCHOOL DISTRICT  
(Name of LEA)

[Signature]                      6/15/21  
(Signature)                      (Date)

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

Rachel Fuchs, Business Director  
(Name and Title)

SARAH DRINKWATER, ASSISTANT SUPERINTENDANT,  
STUDENT SERVICES  
(Name of Superintendent or Authorized Designee)