

SANTA CLARA COUNTY SELPAs
INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN
SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2011⁶, or the date the student begins attending a Non-public school and/or receiving services from a Non-public agency. The agreement terminates at 5:00 p.m. on June 30, 2017, unless terminated earlier in accordance with the terms of the Master Contract and applicable law.

NAME OF LOCAL EDUCATION AGENCY ("LEA"): Milpitas Unified School District

NAME OF NONPUBLIC SCHOOL/AGENCY ("NPS/NPA"): Pacific Autism Center for Education (PACE)

PUPIL NAME: _____ GENDER: ☐ M ☐ F
(Last) (First) (Middle)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PUPIL TELEPHONE NUMBER: (_____, _____) DOB: ____/____/____

PUPIL ID/SS NUMBER: _____ GRADE: _____

RESIDENTIAL SETTING: ☐ HOME ☐ JCS ☐ FOSTER/LCI NAME: _____ # _____
☐ OTHER _____

PARENT/GUARDIAN: _____ PHONE: (____) _____ (____) _____
(Residence) (Business)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
(If different from pupil)

CONTRACT TERMS:

1. The Contractor will implement all elements of the Master Contract.
Master Contract approved by the governing board on _____.
2. CONTRACTOR will provide written progress reports to the Office of Special Education before *(insert quarterly dates here)*:
Determined by date of the IEP

3. Other Provisions (provide attachments as necessary): _____

(Education Code Sections 56365, et seq.)

(Last)

(First)

(Middle)

A. BASIC EDUCATION PROGRAM (Applies to NPS only)

Number of Days 229 X Per Diem \$ 266.00 = TOTAL BASIC EDUCATION COSTS (A) \$ 60,914.00
(Include extended school year days as appropriate to the pupil's IEP).

B. RELATED SERVICES:

[illegible]

MAXIMUM TOTAL RELATED SERVICES COST (B)	\$ 60,674.00
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COSTS (A+B)	\$ 121,588.00

All terms and conditions of the current Master Contract for NPS/NPA Service(s) previously executed by the parties hereto, are incorporated herein by reference. The CONTRACTOR will implement the IEP in accordance with this ISA and the Master Contract, and will request an IEP review prior to any change in the service(s).

The parties hereto have executed this contract by and through their duly authorized agents or representatives. This contract is effective on July 1, 2016 and terminates at 5:00 p.m. on June 30, 2017 unless sooner terminated as provided herein.

LEA

(Signature)

(Type or Print Name)

(Name of LEA)

(Mailing Address)

(City, State, Zip Code)

CONTRACTOR


(Signature)

Kurt Ohlfs, Executive Director

(Type or Print Name)

Pacific Autism Center for Education

(Name of NPS/NPA)

1880 Pruneridge Avenue

(Mailing Address)

Sunnyvale, CA 94087

(City, State, Zip Code)