

SANTA CLARA COUNTY SELPAs

- 1 The pupil's teacher/service provider holds the following: ☒ credential ☐ license ☐ waiver ☐ permit
(Specify type, eg LH, SH, Clinical Rehab) Education Specialist Moderate/Severe or Mild/Moderate
If waiver/permit: Name of Supervisor _____ Credential Held _____
- 2 The NPS/NPA will provide the district with a copy of their State Department Certification
- 3 The class size for the pupil will not exceed 12, and/or the therapist/pupil ratio will be _____ If applicable, group size shall not exceed _____
- 4 The length of the instructional day will be consistent with the Master Contract ("Agreement") unless otherwise specified. (*Nonpublic school only*)
- 5 Authorized educational services as specified in the Individualized Education Program ("IEP") shall be provided by the CONTRACTOR up to the amount specified. Failure to implement the services as specified on the IEP and contained within the Agreement shall reduce LEA's payment obligation to Contractor in the amount necessary to secure the appropriate designated instructional service for student not originally provided as agreed upon between Contractor and LEA
- 6 Subject to the performance _____ of this ISA, LEA will pay CONTRACTOR agreed upon rate per unit as defined in the Agreement
- 7 Contractor will provide written progress reports to the Office of Special Education before 8/15/2016, 1/15/2017 06/15/17.
- 8 Payment will be made for services provided Monday through Friday, only, based on hourly rates and attendance, as per the LEA calendar, dated: July 1, 2016
- 9 Other Provisions (attachments as necessary):

**INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN
SCHOOL / AGENCY SERVICES**

Education Code Sections 56365, 56366, et seq.

PUPIL NAME _____

Last

First

Middle

A. BASIC EDUCATION PROGRAM (Applies to NPS only) 1:1 ratio

Number of days 217 Per Diem \$409.95 = TOTAL BASIC EDUCATION COSTS (A) \$ **88,959.15**

(Include extended school year days as appropriate to the pupil's IEP.)

B. DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

	Service Provider			Total Minutes Per week or Session	Cost per Session					MAX TOTAL COST FOR CONTRACT PERIOD
	Freq	Dur	start		HOURLY	DAILY	WEEKLY	INDIV	GROUP	
2. Counseling Individual Group Family										
3. OT Individual Consult	1 x			30 min mo	\$165.64					\$ 993.84
4. PT										
5. Speech /Language Individual Group Consult	2 x			30 min wk	\$165.64					\$ 7,288.16
6. Transportation	217			Daily		\$84.86				\$ 18,414.62
7. Behavioral Services				Weekly			\$165.65			\$ 7,288.60
8. Vocational Services				Weekly			\$124.24			\$ 5,466.56

MAXIMUM TOTAL RELATED SERVICES COST (B)

\$ **39,451.78**

MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COSTS (A+B)

\$ **128,410.93**

All terms and conditions of the current Agreement 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 Agreement, 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 30th, 2017** unless sooner terminated as provided herein.

LEA Date: _____

Signature

Type or Print Name

Milpitas Unified School District

Name of LEA

1331 E. Calaveras Blvd.

Mailing Address

Milpitas, CA 95035

City, State, Zip Code

CONTRACTOR

Date: 07/07/16

Signature

Skye Cary, Director of Educational Services

Type or Print Name

AchieveKids

Name of NPS/NPA

3860 Middlefield Road

Mailing Address

Palo Alto, CA 94303

City, State, Zip Code