



Pacific Autism

CENTER FOR EDUCATION

Connect • Support • Educate

1880 Pruneridge Avenue, Santa Clara, California
95050
Tel: 408.245.3400 Fax: 408.260.7267
www.pacificautism.org

May 26, 2017

Milpitas Unified School District
Attn: Special Education Director

Re: MUSD student's ISA

Dear Accounting Manager,

The attached ISA revision was created to support a recent change in services resulting from a recent finalized IEP. The changes are aligned with the first day of the next available billing cycle following the IEP. The changes are as follows:

Board of Directors

Paul Lacy
President
Tom McGovern
Vice President
Dave Setti
Treasurer
Jeff Fallick
Lisa Grisslin
Harry Lopez
Tom Marchok
Debbie McCarroll
Sarah Mudgett
Mark Peper

Executive Director

Kurt Ohlfs

Asst. Executive Director

Karen Kennan

Student:

SSID:

IEP Date:

Date IEP signed:

Changes Made: Started at PACE on 3/29/17 with services.

Kindly sign and send to
toddwood@pacificautism.org.

The revised ISA documents are based on an annual projection for the full school calendar year covering the modified service levels. PACE is a year-round program supporting the 12 months of service.

As always, I greatly appreciate your support in helping to better serve the students. Please feel free to contact me directly if you should need any further clarification.

Best regards,

Kurt Ohlfs

Executive Director

Voice: 408-625-6171

Email: kurtohlfs@pacificautism.org

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, 2016, 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, 20__, 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): _____

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

PUPIL NAME: _____
(Last) (First) (Middle)

A. BASIC EDUCATION PROGRAM (Applies to NPS only)

Number of Days 61 X Per Diem \$ 266.00 = TOTAL BASIC EDUCATION COSTS (A) \$ 16,226.00
(Include extended school year days as appropriate to the pupil's IEP).

B. RELATED SERVICES:

	SERVICE PROVIDER			TOTAL MINUTES PER WEEK/ OR SESSION	COST PER SESSION					MAX TOTAL COST FOR CONTRACT PERIOD
	Freq	Duration	Start Date		HOURLY	DAILY	WEEKLY	INDIV	GROUP	
1. Adapted PE										
2. Aide Support										
3. Counseling										
4. OT										
5. PT										
6. Speech/Language	Monthly	80 min	3/29/2017	1.3 hrs / mo.	\$ 153.00			Indiv		\$ 596.70
7. Transportation										
8. Residential Board & Care										
8. Other										
9. Other	Monthly	120 min	3/29/2017	2 hr / mo.	\$ 99.00				SLP	\$ 594.00
10. Other										

MAXIMUM TOTAL RELATED SERVICES COST (B) \$ 1,190.70
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COSTS (A+B) \$ 17,416.70

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 Ave
(Mailing Address)

Santa Clara CA 95050
(City, State, Zip Code)

Kurt Ohlfs
2017.05.26
09:55:15
-07'00'