



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): _____

