

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

PUPIL NAME: [REDACTED]

**A. BASIC EDUCATION PROGRAM** (Applies to NPS only)

Number of Days 209 X Per Diem \$ 239.00 TOTAL BASIC EDUCATION COSTS (A) \$ 49,951.00  
(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										
7. Transportation			7-1-17			\$90.00				\$18,810.00
8. Residential Board & Care										
8. Other										
9. Other										
10. Other										

\* The daily rate includes 50 minutes of weekly Individual Counseling and 50 minutes of weekly Group Counseling. These services constitute \$69.00 of the \$239.00 daily rate.

MAXIMUM TOTAL RELATED SERVICES COST (B)      \$ \$18,810.00  
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COSTS (A+B)      \$ \$68,161.00

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, 2017 and terminates at 5:00 p.m. on June 30, 2018 unless sooner terminated as provided herein.

LEA

CONTRACTOR

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

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

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Name of LEA)

\_\_\_\_\_  
(Name of NPS/NPA)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(City, State, Zip Code)

APPROVED: \_\_\_\_\_  
LEA Governing Board

\_\_\_\_\_  
DATE

03/2016