

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)

Number of Days 141 X Per Diem \$ 374.00 = TOTAL BASIC EDUCATION COSTS (A) \$ \$52,734.00 (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	Duration	Start Date		HOURLY	DAILY	WEEKLY	INDIV	GROUP	
1. Specially Designed PE										
2. Aide Support										
3. Counseling										
4. OT		2x30min per week			\$141.5					3990.00
5. PT										
6. Speech/Language										
7. Transportation										
8. Other	AAC Consultation 22 hours per year @ \$164.00 per hour									3608.00
9. Other		+4 hours OT consultation@ 141.50								566.00

MAXIMUM TOTAL RELATED SERVICES COST (B) \$ 8,164.00
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COSTS (A+B) \$ 60,898.00

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 October 31, 2017 and terminates at 5:00 p.m. on June 30, 2018 unless sooner terminated as provided herein.

LEA

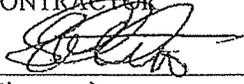
(Signature)

(Type or Print Name)

(Name of LEA)

(Mailing Address)

(City, State, Zip Code)

CONTRACTOR


(Signature)
Sue Kato

(Type or Print Name)
Morgan Autism Center

(Name of NPS/NPA)
950 St. Elizabeth Drive

(Mailing Address)
San Jose, CA 95126

(City, State, Zip Code)

