

INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN
SCHOOL/AGENCY SERVICES
(Education Code Sections 56365, 56366, et seq.)

PUPIL NAME: _____
(Last) (First)

A. BASIC EDUCATION PROGRAM (Applies to NPS only)

Number of Days 198 X Per Diem \$ 240.00 = TOTAL BASIC EDUCATION COSTS (A) \$ 47,520.00 (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. Adapted PE										
2. Aide Support										
3. Counseling Individual C & G Parent	1x/wk. 2x/wk. 1x/wk.	60 min 50 min 60 min	8/16/18	220 min/wk.	\$166.50					\$24,219.36
4. OT										
5. PT										
6. Speech/Language	1 x/wk.	30 min	8/16/18		\$138.50					\$2,742.30
7. Transportation	daily		8/17/18			\$107.20				\$21,184.40
8. Other: Intensive Educational Instruction (reading)	2x/wk.	30 min	8/16/18	60 min/wk.	\$138.50					\$5,484.60
9. Other										

MAXIMUM TOTAL RELATED SERVICES COST (B) \$ 53,630.66
 MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COSTS (A+B) \$ 101,150.66

All terms and conditions of the current Agreement for NPS/NPA Service(s) previously executed by the parties hereto, are incorporated herein by reference. Student is currently in the process of being assessed

The parties hereto have executed this contract by and through their duly authorized agents or representatives. This contract is effective on 8/16/2018 and terminates at 5:00 p.m. on 6/30/2019 unless sooner terminated as provided herein.

LEA

 (Signature)

 (Type or Print Name)

 (Name of LEA)

 (Mailing Address)

 (City, State, Zip Code)

CONTRACTOR

 (Signature)
Jody Miller, Director
 (Type or Print Name)
Esther B Clark School – Palo Alto
 (Name of NPS/NPA)
650 Clark Way.
 (Mailing Address)
Palo Alto, CA 94304
 (City, State, Zip Code)