

**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 152 X Per Diem \$315.00 = TOTAL BASIC EDUCATION COST (A) \$ 47,880.00

(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										
a Individual	1 x wkly			30 min	\$174.00					\$2,697.00
b Group	1 x wkly			30 min	\$86.00					\$1,333.00
c Family										
4 OT										
a Individual										
b Consult										
5 PT										
6 Speech /Language										
a Individual										
b Group										
c Consult										
7 Transportation										
8 Residential Board and Care										
9 Behavioral Service	Weekly						\$171.00			\$5,301.00
10 Vocational Services										

MAXIMUM TOTAL RELATED SERVICES COST (B)

\$ 9,331.00

MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COSTS (A+B)

\$ 57,211.00

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 October 24, 2018 and terminates at 5:00 p.m. on June 30, 2019 unless sooner terminated as provided herein.

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LEA

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Name

Campbell Union School District

\_\_\_\_\_  
Name of LEA

155 North Third Street

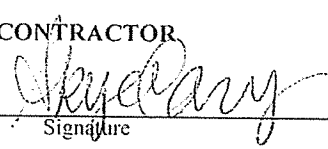
\_\_\_\_\_  
Mailing Address

Campbell, CA 95008

\_\_\_\_\_  
City, State, Zip Code

CONTRACTOR

Date: 11/14/15

  
\_\_\_\_\_  
Signature

Skye Cary, Program Specialist

\_\_\_\_\_  
Type or Print Name

AchieveKids

\_\_\_\_\_  
Name of NPS/NPA

3860 Middlefield Road

\_\_\_\_\_  
Mailing Address

Palo Alto, CA 94303

\_\_\_\_\_  
City, State, Zip Code