

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

NAME OF LOCAL EDUCATION AGENCY ("LEA"): Milpitas Unified School District

NAME OF NONPUBLIC SCHOOL/AGENCY ("NPS/NPA"): Esther B. Clark School - Palo Alto

PUPIL NAME: \_\_\_\_\_ GENDER:  M  F  
(Last) (First)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PUPIL TELEPHONE NUMBER: \_\_\_\_\_ DOB: \_\_\_\_\_

PUPIL ID/SS NUMBER: \_\_\_\_\_ GRADE: \_\_\_\_\_

RESIDENTIAL SETTING:  HOME  JCS  FOSTER/LCI NAME: \_\_\_\_\_ # \_\_\_\_\_  
 OTHER \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
(If different from pupil)

**CONTRACT TERMS:**

1. The pupil's teacher/service provider holds the following  credential  license  waiver  permit  
(Specify type, e.g. LH, SH, Clinical Rehab) Education Specialist Instruction Credential: M/M  
If waiver/permit: Name of Supervisor \_\_\_\_\_ Credential Held \_\_\_\_\_
2. The NPS/NPA will provide the district with a copy of their State Department Certification.
3. The class size for the pupil will not exceed 13, and/or the therapist/pupil ratio will be 1:12. If applicable, group size shall not exceed \_\_\_\_\_.
4. The length of the instructional day will be consistent with the Master Contract ("Agreement") unless otherwise specified. (*Nonpublic school only*)
5. Authorized educational services as specified in the Individualized Education Program ("IEP") shall be provided by the CONTRACTOR up to the amount specified. Failure to implement the services as specified on the IEP and contained within the Agreement shall reduce LEA's payment obligation to Contractor in the amount necessary to secure the appropriate designated instructional service for student not originally provided as agreed upon between Contractor and LEA.
6. Subject to the performance of this ISA, LEA will pay CONTRACTOR agreed upon rate per unit as defined in the Agreement.
7. CONTRACTOR will provide written progress reports to the Office of Special Education 3 times per year ( Oct., Feb. & May)
8. Payment will be made for services provided Monday through Friday, only, based on hourly rates and attendance, as per the LEA calendar, dated: July 1, 2019 - June 30, 2020.
9. Other Provisions (attachments as necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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PUPIL NAME: \_\_\_\_\_  
(Last) (First)

A. BASIC EDUCATION PROGRAM (Applies to NPS only)

Number of Days: 200 Per Diem \$ 252.00 = TOTAL BASIC EDUCATION COSTS (A) \$ 50,400.00 (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	8/12/19	220 min/wk.	\$175.00					\$25,696.00
4. OT	1x/wk.	45 min	8/12/19	45 min/wk.	\$150.00					\$4,500.00
5. PT										
6. Speech/Language										
7. Transportation	daily		8/12/19			\$121.00				\$24,200.00
8. BIS - Behavior Intervention Services										
9										

MAXIMUM TOTAL RELATED SERVICES COST (B) \$ 54,396.00  
 MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COSTS (A+B) \$ 104,796.00

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 7/01/2019 and terminates at 5:00 p.m. on 6/30/2020 unless sooner terminated as provided herein.

LEA

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

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

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

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

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

CONTRACTOR

Jody Miller  
Jody Miller (Jun 13, 2019)

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

**Jody Miller, Director**  
(Type or Print Name)

Esther B Clark School  
(Name of NPS/NPA)

650 Clark Way  
(Mailing Address)

Palo Alto, CA 940304  
(City, State, Zip Code)