

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 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										
5. PT										
6. Speech/Language										
7. Transportation	daily		8/12/19			\$121.00				\$24,200.00
8. Other										
9. Other										

MAXIMUM TOTAL RELATED SERVICES COST (B) \$ 49,896.00  
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COSTS (A+B) \$ 100,296.00

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 7/1/2019 and terminates at 5:00 p.m. on 6/30/2020 unless sooner terminated as provided herein.

LEA

(Signature)

Shelly Viramontez

(Type or Print Name)

Campbell Union School District

(Name of LEA)

155 N. Third St.

(Mailing Address)

Campbell, CA 95008

(City, State, Zip Code)

CONTRACTOR

Christopher Harris

Christopher Harris (Jun 1, 2019)

(Signature)

Christopher Harris, Director

(Type or Print Name)

Esther B Clark School

(Name of NPS/NPA)

2280 Kenwood Ave.

(Mailing Address)

Sun Jose, CA 95128

(City, State, Zip Code)

*Handwritten initials*

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY  
5800 S. UNIVERSITY AVENUE  
CHICAGO, ILLINOIS 60637

[REDACTED]

[REDACTED]

TO: [REDACTED]  
FROM: [REDACTED]

[REDACTED]