

**INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN  
SCHOOL / AGENCY SERVICES**

(Education Code Sections 56365, et seq.)

PUPIL NAME

(Last)

(First)

(Middle)

**A. BASIC EDUCATION PROGRAM (Applies to NPS only)**

Number of days 219 X Per Diem \$326.00 = TOTAL BASIC EDUCATION COSTS (A) \$ 71,394.00

(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 Aide Support										
2 Counseling										
a Individual	1x wkly	30 min		30 min	\$176.00					\$3,960.00
b Group	1 x wkly	30 min		30 min	\$88.00					\$1,980.00
c Family										
3 OT										
a Individual										
b Consult										
5 Spccch /Language										
a Individual										
b Group										
c Consult										
6 Transportation										
9 Behavioral Service	Weekly			Weekly			\$171.00			\$7,695.00
10 Vocational Services										

MAXIMUM TOTAL RELATED SERVICES COST (B) \$ 13,635.00

MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COSTS (A+B) \$ 85,029.00

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 July 1, 2019 and terminates at 5:00 p.m. on June 30, 2020 unless sooner terminated as provided herein.

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: 6/4/19

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 \_\_\_\_\_

*Handwritten initials*

