

**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 181 x Per Diem \$ 358 = TOTAL BASIC EDUCATION COSTS (A) \$ 64,798
 (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										
4. OT		45 min (IND)	7-1-19		\$117 (IND) / \$79 (GRP)			\$3,948.75		\$3,948.75
5. PT										
6. Speech/Language		60 min (IND)	7-1-19		\$117 (IND) / \$79 (GRP)			\$5,265	\$888.75	\$5,265
7. Transportation										
8. Residential Board & Care										
8. Other										
9. Other										
10. Other										

MAXIMUM TOTAL RELATED SERVICES COST (B) \$ 9,213.75
 MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COSTS (A+B) \$ 74,011.75

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 September 3, 2019 and terminates at 5:00 p.m. on June 30, 2020 unless sooner terminated as provided herein.

LEA

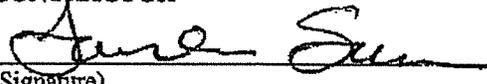
 (Signature)

 (Type or Print Name)

 (Name of LEA)

 (Mailing Address)

 (City, State, Zip Code)

CONTRACTOR

 (Signature)

 Tamila Sayar
 (Type or Print Name)

 Creative Learning Center
 (Name of NPS/NPA)

 PO Box 991
 (Mailing Address)

 Los Altos, CA 94024
 (City, State, Zip Code)

BY