

(Education Code Sections 56365 et seq.)

SERVICE	CDE Certified Services by Provided NPS/NPA	LEA	NPS	NPA	OTHER	Duration per IEP (# of minutes)	# of Times per IEP	Per wk/mo/yr per IEP	Cost per session	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
					Specify					Reg	ESY	
Intensive Individual Services (340)										-	-	\$ -
Language/Speech Therapy (415)	#N/A									-	-	\$ -
a. Individual										-	-	
b. Group										-	-	\$ -
Adapted Physical Ed. (425)	#N/A									-	-	\$ -
Health and Nursing: Specialized Physical Health Care (435)										-	-	\$ -
Health & Nursing Services: Other (436)	#N/A									-	-	\$ -
Assistive Technology Services (445)	#N/A									-	-	\$ -
Occupational Therapy (450)	#N/A									-	-	\$ -
Physical Therapy (460)	#N/A									-	-	\$ -
Individual Counseling (510)	#N/A									-	-	\$ -
Counseling and guidance (515)	#N/A									-	-	\$ -
Parent Counseling (520)	#N/A									-	-	\$ -
Social Work Services (525)	#N/A									-	-	\$ -
Psychological Services (530)	#N/A									-	-	\$ -
Behavior Intervention Services (535) Design/Planning	#N/A									-	-	\$ -
Behavior Intervention Services (535) Implementing	#N/A									-	-	\$ -

SERVICE	CDE Certified Services by Provided NPS/NPA	LEA	NPS	NPA	OTHER	Duration per IEP (# of minutes)	# of Times per IEP	Per wk/mo/yr. per IEP	Cost per session	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
					Specify					Reg	ESY	
Low Incidence Certified:	#N/A	#N/A										
Specialized Services for Low Incidence Disabilities (610)										-	-	\$ -
Specialized Deaf and Hard of Hearing Services (710)										-	-	\$ -
Interpreter Services (715)	#N/A									-	-	\$ -
Specialized Vision Services (725)	#N/A									-	-	\$ -
Orientation and Mobility (730)	#N/A									-	-	\$ -
Braille Transcription (735)	#N/A									-	-	\$ -
Specialized Orthopedic Service (740)										-	-	\$ -
Transcription Services (755)	#N/A									-	-	\$ -
Audiological Services (720)	#N/A									-	-	\$ -
Recreation Services (760)	#N/A									-	-	\$ -
College Awareness Preparation (820)	#N/A									-	-	\$ -
Vocational Assessment, Counseling, Guidance & Career Assessment (830)	#N/A									-	-	\$ -
Career Awareness (840)	#N/A									-	-	\$ -
Work Experience Education (850)	#N/A									-	-	\$ -
Mentoring (860)	#N/A									-	-	\$ -
Agency Linkages (865)										-	-	\$ -
Travel Training (870)										-	-	\$ -
Other Transition Services (890)										-	-	\$ -
Other (900)										-	-	\$ -
Transportation										-	-	\$ -
Transportation-NPS										-	-	\$ -
Transportation-Parent Reimbursement										-	-	\$ -
Bus Passes										-	-	\$ -
Residential Room and Board										-	-	\$ -
Other										-	-	\$ -
Total Related Services												\$ -

C. ESTIMATED MAXIMUM RELATED SERVICES COST \$ -

D. SPECIALIZED EQUIPMENT/SUPPLIES \$ -

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES (A, C, & D) or (A, B, & D) \$ -

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON

6. Progress Reporting Requirements: Quarterly Monthly Other (Specify)

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

(Name of Nonpublic School/Agency)

(Signature)

(Date)

(Name and Title)

-LEA-

(Name of LEA)

(Signature)

(Date)

(Name of Superintendent or Authorized Designee)