INDIVIDUAL SERVICES AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES (Education Code Sections 56365 et seq.)

Date of Contract:

	OFFINIOF	CDE Certified Services by		ND0		OTHER	Duration per	# of Times	Per	Cost per	Maximui Number		Estimated Maximum Total
B. REL	ATED SERVICES:	<u> </u>		<u> </u>	I	<u> </u>	I	<u> </u>			<u> </u>	1	
ESY	Estimated Number of Days	0	x Dail	ly Rate	\$ -	= PROJE	CTED BASIC ED	UCATON COST	S (A)	\$ -			
	Estimated Number of Days	0		ly Rate		-	CTED BASIC ED			\$ -			
							ESY Daily Rate:						
A. INCL	USIVE EDUCATION PROGRA	M: (Applies to n	onpublic	schools or	nly):		RSY Daily Rate:						
3. Educ	ationally related services as spe	cified in the IEP s	hall be pro	vided by th	e CONTRA	CTOR and	d paid at the rates	specified below.	. •	•	,		
during the extended school year, average daily minutes												es	
2. 1401	pasiio Scriool/Agoricy	Ti	he average	number of	f minutes in	the instruc	ctional day will be:		during the reaul	ar school year, a	verage dailv m	inutes	
2 Nor	public School/Agency								days during the	extended school	year		
									, ,	he regular schoo	•		
									Ĭ	e regular school	•		
					The number	er contracte	ed for service are:		days during the	regular school ye	ear		
(Start Date) (End Date)													
1. Non	public School/Agency:				The c	ontracted	service dates are:						
	MENT TERMS:												
	(If different from stud	lent)				•	,						
	Address]	City				State/Zip		<u>, </u>
raiciii	/ Guardian					J	Parent Phone	(Residence)			(Bu	siness)
Parent	/ Guardian	Residential	Setting.				LCI#				OTHER		
	DOB	Residential	Setting:			-	City				State/Zip		
	(Last) Address			(First)		(MI)					1 🗀		
F	Pupil Name						SSID		Sex		Grade		
Studen	t Informati <u>on</u>								•				
							Number		#N/A		last update		July-23
Manage	er Name						Address NPS/A Phone				CDE Certific	ation	
LEA Ca							NPS/NPA			#N/A			
Local E Agency	ducation						Nonpublic School/Agency						#N/A
							•						Status
	reement is effective on or the da sooner terminated as provided in					eceiving se	ervices from a non	public agency, if	after the date ide	entified, and term	inates at 5:00	P.M. o	n June 30, 2024,

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
GERRIGE					Specify					Reg	ESY	Contracted Period
Intensive Individual Services (340)										-	-	\$ -
Language/Speech Therapy (415)	#N/A									-	-	\$ -
a. Individual										-	-	- σ
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)	#N/A									-	-	\$ -

SERVICE	CDE Certified Services by Provided	1 1	NPS	NPA	OTHER	IEP (# of	# of Times per IEP	Per wk/mo/yr. per IEP	Cost per session	Maximum Number of Sessions		Estimated Maximum Total Cost for	
	NPS/NPA				Specify					Reg	ESY	Contracted Period	
Low Incidence Certified:	#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													
Other 6. Progress Reporting Requirements: Quarterly Monthly (Specify)													
The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.													
-co	NTRACTOR-					-LEA-							
(Name of Nonpublic School/Agency)	-	(Name of LEA)											
(Signature)				(Date)	-	(Signature)						(Date)	
(Name and Title)	-	(Name of Superin	tendent or Autho	orized Designee)			for	m revised: 08/24/2023					