**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL SERVICES**

(Education Code Sections 56365 et seq.)

This agreement is effective on       or the date student begins attending a nonpublic school or receiving services from a nonpublic agency,

if after the date identified, and terminates at 5:00 P.M. on June 30, 201  , unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency       Nonpublic School

LEA Case Manager: Name       Phone Number

Pupil Name                   Sex: [ ]  M [ ]  F Grade:

 (Last) (First) (M.I.)

Address       City       State/Zip

DOB       Residential Setting: [ ]  Home [ ]  Foster [ ]  LCI #       [ ]  OTHER

Parent/Guardian       Phone (      )       (       )       (Residence) (Business)

Address       City       State/Zip

 (If different from student)

AGREEMENT TERMS:

1. *Nonpublic School*: The average number of minutes in the instructional day will be:       during the regular school year

       during the extended school year

1. *Nonpublic School*: The number of school days in the calendar of the school year are:       during the regular school year

       during the extended school year

3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A*. INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE: (Applies to nonpublic schools only):* Daily Rate:

**Estimated Number of Days**       **x Daily Rate**       **= PROJECTED BASIC EDUCATION COSTS**

B. RELATED SERVICES:

|  | **Provider** |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SERVICE** | **LEA** | **NPS** | **OTHER****Specify** | **# of Times per wk/mo/yr., Duration;** **or per IEP;** **or as needed** | **Cost per session** | **Maximum Number of Sessions** | **Estimated Maximum Total Cost for Contracted Period** |
| Intensive Individual Services (340) |            |            |            |            |            |            |            |
| Language/Speech Therapy (415)a. Individualb. Group |            |            |            |            |            |            |            |
| Adapted Physical Ed. (425) |       |       |       |       |       |       |       |
| Health and Nursing: Specialized Physical Health Care (435) |       |       |       |       |       |       |       |
| Health and Nursing Services: Other (436) |       |       |       |       |       |       |       |
| Assistive Technology Services (445) |       |       |       |       |       |       |       |
| Occupational Therapy (450) |       |       |       |       |       |       |       |
| Physical Therapy (460) |       |       |       |       |       |       |       |
| Individual Counseling (510) |       |       |       |       |       |       |       |
| Counseling and guidance (515).  |       |       |       |       |       |       |       |
|  Parent Counseling (520) |       |       |       |       |       |       |       |
| Social Work Services (525) |       |       |       |       |       |       |       |
| Psychological Services (530) |       |       |       |       |       |       |       |
| Behavior Intervention Services (535) |       |       |       |       |       |       |       |
| Specialized Services for Low Incidence Disabilities (610) |       |       |       |       |       |       |       |
| Specialized Deaf and Hard of Hearing Services (710) |       |       |       |       |       |       |       |
| Interpreter Services (715) |       |       |       |       |       |       |       |
| Audiological Services (720) |       |       |       |       |       |       |       |
| Specialized Vision Services (725) |       |       |       |       |       |       |       |
| Orientation and Mobility (730) |       |       |       |       |       |       |       |
| Braille Transcription (735) |       |       |       |       |       |       |       |
| Specialized Orthopedic Service (740) |       |       |       |       |       |       |       |
| Reader Services (745) |       |       |       |       |       |       |       |
| Note Taking Services (750) |       |       |       |       |       |       |       |
| Transcription Services (755) |       |       |       |       |       |       |       |
| Recreation Services (760) |       |       |       |       |       |       |       |
| College Awareness Preparation (820) |       |       |       |       |       |       |       |
| Vocational Assessment, Counseling, Guidance and Career Assessment (830) |       |       |       |       |       |       |       |
| Career Awareness (840) |       |       |       |       |       |       |       |
| Work Experience Education (850) |       |       |       |       |       |       |       |
| Mentoring (860) |       |       |       |       |       |       |       |
| Agency Linkages (865) |       |       |       |       |       |       |       |
| Travel Training (870) |       |       |       |       |       |       |       |
| Other Transition Services (890) |       |       |       |       |       |       |       |
| Other (900)J |       |       |       |       |       |       |       |
| Other (900) |       |       |       |       |       |       |       |
| Transportation-Emergencyb. Transportation-Parent |       |       |       |       |       |       |       |
| Bus Passes |       |       |       |       |       |       |       |
| Other |       |       |       |       |       |       |       |

 *ESTIMATED MAXIMUM RELATED SERVICES COST$*

**TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS** $

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- | -LEA/SELPA- |
|  (Name of Nonpublic School/Agency) |  (Name of LEA/SELPA)  |
|  (Signature) (Date) |  (Signature) (Date) |
|  (Name and Title) |  (Name of Superintendent or Authorized Designee) |