**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, 20  , 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. Individual  b. 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-Emergency  b. 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) |