SANTA CLARA COUNTY SELPAs
INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on 1/22/19, or the date the student begins attending a Non-public school and/or receiving services from a Non-public agency. The agreement terminates at 5:00 p.m. on June 30, 20 19, unless terminated earlier in accordance with the terms of the Master Contract and applicable law.

NAME OF LOCAL EDUCATION AGENCY ("LEA"): San Leandro Unified School District

ADDRESS OF LOCAL EDUCATION AGENCY ("LEA"): 835 E. 14th Street, Suite 200, San Leandro, CA 94577

NAME OF NONPUBLIC SCHOOL/AGENCY ("NPS/NPA"): Creative Learning Center

ADDRESS OF NONPUBLIC SCHOOL/AGENCY ("NPS/NPA"): 2100 Woods Lane, Los Altos, CA 94024

PUPIL NAME: _____ _____ _____ GENDER: ☐ M ☐ F
(Last) (First) (Middle)

ADDRESS: _____ CITY: San Leandro STATE: CA ZIP: 94577

PUPIL TELEPHONE NUMBER: (___) _____ DOB: 02 / 16 / 2006

PUPIL ID/SS NUMBER: _____ GRADE: _____

RESIDENTIAL SETTING: ■ HOME ☐ JCS ☐ FOSTER/LCI NAME: _____ # _____
☐ OTHER _____

PARENT/GUARDIAN: _____ PHONE: (___) _____ (___) _____
(Residence) (Business)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
(If different from pupil)

CONTRACT TERMS:

1. The Contractor will implement all elements of the Master Contract.
   Master Contract approved by the governing board on _____.

2. CONTRACTOR will provide written progress reports to the Office of Special Education before (***insert quarterly dates here***):
   _____
   _____

3. Other Provisions (provide attachments as necessary): District to provide Transportation
   _____
   _____
   _____.

INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
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PUPIL NAME: _____ _____ _____
(Last) (First) (Middle)

A. BASIC EDUCATION PROGRAM (Applies to NPS only)

Number of Days 28 X Per Diem $_____ = TOTAL BASIC EDUCATION COSTS (A) $_____
(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										
5. PT										
6. Speech/Language										
7. Transportation										
8. Residential Board & Care										
8. Other	3 hours	per week	01-22-19 to 02-28-19		$110					1980
9. Other	28 hours	per week	01-22-19 to 02-28-19		$68					11424
10. Other										

MAXIMUM TOTAL RELATED SERVICES COST (B) $_____
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COSTS (A+B) $ 13,404

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 _____ and terminates at 5:00 p.m. on _____ 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 94023
(City, State, Zip Code)

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INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
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ADDRESS OF LOCAL EDUCATION AGENCY ("LEA"): 835 E. 14th Street, Suite 200, San Leandro, CA 94577

NAME OF NONPUBLIC SCHOOL/AGENCY ("NPS/NPA"): Creative Learning Center

ADDRESS OF NONPUBLIC SCHOOL/AGENCY ("NPS/NPA"): 2100 Woods Lane, Los Altos, CA 94024

PUPIL NAME: _____ _____ _____ GENDER: ■ M ☐ F
(Last) (First) (Middle)

ADDRESS: _____ _____ CITY: San Leandro STATE: CA ZIP: 94577

PUPIL TELEPHONE NUMBER: (_____ DOB: 03 / 14 / 2008

PUPIL ID/SS NUMBER: _____ GRADE: _____

RESIDENTIAL SETTING: ■ HOME ☐ JCS ☐ FOSTER/LCI NAME: _____ #_____
☐ OTHER _____

PARENT/GUARDIAN: _____ PHONE: (___) _____ (___) _____
(Residence) (Business)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
(If different from pupil)

CONTRACT TERMS:

1. The Contractor will implement all elements of the Master Contract.
   Master Contract approved by the governing board on _____.

2. CONTRACTOR will provide written progress reports to the Office of Special Education before (***insert quarterly dates here***):
   _____
   _____

3. Other Provisions (provide attachments as necessary): _____
   _____
   _____
   _____

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 _____ X Per Diem $_____ = TOTAL BASIC EDUCATION COSTS (A) $_____
(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										
5. PT										
6. Speech/Language										
7. Transportation										
8. Residential Board & Care										
8. Other										
9. Other	10 hours	per week	01-08-19 to 02-28-19		$68					4080
10. Other										

MAXIMUM TOTAL RELATED SERVICES COST (B) $ _____
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COSTS (A+B) $ 4080

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 _____ and terminates at 5:00 p.m. on _____ unless sooner terminated as provided herein.

LEA

_____
(Signature)

_____
(Type or Print Name)

_____
(Name of LEA)

_____
(Mailing Address)

_____
(City, State, Zip Code)

CONTRACTOR

Tamila Sayar
(Signature)

Tamila Sayar
(Type or Print Name)

Creative Learning Center
(Name of NPS/NPA)

PO Box 991
(Mailing Address)

Los Altos, CA 94023
(City, State, Zip Code)