INDIVIDUAL SERVICES AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES

(Education Code Sections 56365 et seq.)

Date of Contract:

This agreement is effective on **July 1, 2026**, 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, 2027**, unless sooner terminated as provided in the Master Contract and by applicable law.

					Status
Local Education Agency		Nonpublic School/Agency			#N/A
LEA Case Manager Name		NPS/NPA Address	#N/A		
		NPS/A Phone Number	#N/A	CDE Certification last updated:	September-26

Student Information

Pupil Name			SSID		Sex	Grade	
	(Last)	(First) (MI)					
Address			City			State/Zip	
DOB		Residential Setting:	LCI #			OTHER	
Parent/ Guardian			Parent Phone				
			(Residence)			(Business)	
Address			City			State/Zip	
(If different from student)							

AGREEMENT TERMS:

1. *Nonpublic School/Agency:*

The contracted service dates are: _____ (Start Date) _____ (End Date)

The number contracted for service are:
_____ days during the regular school year
_____ weeks during the regular school year
_____ months during the regular school year
_____ days during the extended school year

2. *Nonpublic School/Agency*

The average number of minutes in the instructional day will be:
_____ during the regular school year, average daily minutes
_____ during the extended school year, average daily minutes

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

A. INCLUSIVE EDUCATION PROGRAM: (Applies to nonpublic schools only):

RSY Daily Rate: _____
ESY Daily Rate: _____

RSY Estimated Number of Days _____ **x Daily Rate** _____ **= PROJECTED BASIC EDUCATON COSTS (A)** $ -

ESY Estimated Number of Days _____ **x Daily Rate** _____ **= PROJECTED BASIC EDUCATON COSTS (A)** $ -

B. RELATED SERVICES:

SERVICE	CDE Certified Services by Provided NPS/NPA	LEA	NPS	NPA	OTHER Specify	Duration per IEP (# of minutes)	# of Times per IEP	Per wk/mo/yr per IEP	Cost per session	Maximum Number of Sessions Reg	Maximum Number of Sessions ESY	Estimated Maximum Total Cost for Contracted Period
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										-	-	$ -
Other										-	-	$ -
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)