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

(Education Code Sections 56365 et seq.)

This agreement is effective on <u>07/01/2022</u> 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, 2023, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Age	Nonp	Ionpublic School : Spectrum Center, Inc.							
LEA Case Manager:	Name			Phone Numbe	r				
Pupil Name	(Last)	(First)		(M.I.)] M 🗌 F	Grade:		
Address	(Lasi)		у	(111.)		State/Zip			
DOB	Residential Setting: 🗌 Ho	me 🗌 Foster 🔲 LCI #							
Parent/Guardian		Phone ()	(Resid	lence))	(Business)		
Address	(If different from student)	City	У	(,	_ State/Zip			
AGREEMENT TERM	/IS:								
1. <i>Nonpublic School</i> : The average number of minutes in the instructional day will be:				School day aligned with LVJUSD		during the regular school year			
			<u>S</u>	chool day aligned	vith LVJUSD	during the ex	ktended school year		
2. Nonpublic Sch	n the calendar of the school yea	ir are:	180 Days		during the reg	gular school year			
			_	19 Days		during the ex	tended school year		
3. Educational se	ervices as specified in the IEP sha	II be provided by the CONTRA	CTOR and	l paid at the rates s	pecified belov	ν.			

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: \$196 per day, per student

Number of Classrooms 2 x Monthly Rate 50,960.00 per classroom (billed over 10 months September 2022-June 2023) = PROJECTED BASIC EDUCATION COSTS: \$1,019,200.00

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)							

		Provide						
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	
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: (4) 1:1 instruction Aide (per day)		х		As needed	\$180.00/ day	199 days	143,280.00	

ESTIMATED MAXIMUM RELATED SERVICES COST\$ 143,280.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS\$ 1,162,480.00

4. Other Provisions/Attachments:				
Pricing includes: 1 Program Director, 1 Senior Behavior Analyst. 2 classroom	is with: (1) teacher + (2) instructional Aide I, and (1) Instructional Aide II.			
	er classroom for those that are cognitively and adaptively like peers. The Annual ay a fixed rate per classroom with the ability to enroll 13 students per classroom each			
6.Progress Reporting Quarterly Monthly Requirements:	Other (Specify)			
The parties hereto have executed this Individual Services Agreement by and below.	d through their duly authorized agents or representatives as set forth			
-CONTRACTOR-	-LEA/SELPA-			
(Name of Nonpublic School/Agency)	Livermore Valley Joint Unified School District (Name of LEA)			
(Signature) (Date)	(Signature) (Date)			
(Name and Title)	(Kelly Bowers, Ed. D, Superintendent of Schools or Authorized Designee)			