

**INDIVIDUAL SERVICE AGREEMENT FOR RELATED SERVICES  
NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES**

(Education Code sections 56365, 56366, et seq.) (Page 1 of 2)

NAME OF LOCAL EDUCATION AGENCY: \_\_\_\_\_

NAME OF NONPUBLIC SCHOOL/AGENCY: \_\_\_\_\_

PUPIL NAME: \_\_\_\_\_ SEX:  M  F  
(Last) (First) (Middle)

PUPIL I.D./S.S. #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

RESIDENTIAL SETTING:  HOME  FOSTER  LCI LCI PHONE # \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Residence) (Business)

PUPIL'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: CA ZIP: \_\_\_\_\_

NON-EDUCATIONAL PLACING AGENCY: (If applicable) \_\_\_\_\_

**CONTRACT TERMS**

1. The pupil's teacher/service provider will hold the following credential/license: \_\_\_\_\_  
(Generic description, i.e., LH Credential).
2. The class size for the pupil will not exceed \_\_\_\_\_ and/or the therapist/pupil ratio will not exceed 1:1/group.
3. The length of the instructional program will be consistent with the Master Contract unless otherwise specified.
4. Authorized educational services as specified in the IEP shall be provided by the CONTRACTOR under other provisions up to the amount specified.
5. Method for complying with statewide standardized assessment requirements: \_\_\_\_\_
6. Other provisions (attachments as necessary). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**A. BASIC EDUCATION PROGRAM** (Applies to Nonpublic schools 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<br>HRLY/ PER<br>WEEK/OR SESSION | COST PER SESSION |      |      |       | # OF<br>WKS | ANNUAL MAX<br>TOTAL COST<br>FOR<br>CONTRACT<br>PERIOD |
|----------------------|------------------|-------|-------|---|------------------|------|------|-------|-------------|---|
|                      | LEA              | NPS/A | OTHER |   | DLY              | WKLY | HRLY | GROUP |             |   |
| 1. Transportation    |                  |       |       |   |                  |      |      |       |             |   |
| 2. S&L - Group       |                  |       |       |   |                  |      |      |       |             |   |
| 3. S&L - Individual  |                  |       |       |   |                  |      |      |       |             |   |
| 4. OT - Group        |                  |       |       |   |                  |      |      |       |             |   |
| 5. OT - Individual   |                  |       |       |   |                  |      |      |       |             |   |
| 6. PT                |                  |       |       |   |                  |      |      |       |             |   |
| 7. ABA - Consult     |                  |       |       |   |                  |      |      |       |             |   |
| 8. ABA - Direct      |                  |       |       |   |                  |      |      |       |             |   |
| 9. ABA - Supervision |                  |       |       |   |                  |      |      |       |             |   |
| 10. AB - Assessment  |                  |       |       |   |                  |      |      |       |             |   |
| 11. Other            |                  |       |       |   |                  |      |      |       |             |   |

MAXIMUM TOTAL RELATED SERVICES COST (B) \$ \_\_\_\_\_

MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (A + B) \$ \_\_\_\_\_

MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES \$ \_\_\_\_\_

**INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN  
SCHOOL/AGENCY SERVICES**

(Education Code sections 56365, 56366, et seq.) (Page 2 of 2)

PUPIL NAME: \_\_\_\_\_  
(Last) (First) (Middle)

All terms and conditions of the current Master Contract for Nonpublic, Nonsectarian School/Agency Service (NPS/NPA), hereinafter referred to as the Master Contract, previously executed by the parties hereto, are incorporated herein by reference. The Contractor will implement the Individualized Education Program (IEP) in accordance with this Agreement and the Master Contractor, and will request an IEP review prior to any change in the service program. Invoices shall be submitted based on actual service provided and attendance standards addressed in the Master Contract.

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.

**-CONTRACTOR-**

**-LOCAL EDUCATIONAL AGENCY-**

\_\_\_\_\_  
 (Authorized Signature) (Date) (Authorized Signature) (Date)

\_\_\_\_\_  
 (Type or Print Name) (Date) (Type or Print Name) (Date)

\_\_\_\_\_  
 (Name of NPS/NPA) (Name of District, SELPA, County Office)

\_\_\_\_\_  
 (Mailing Address) (Mailing Address)

\_\_\_\_\_  
 (City/State/Zip Code) (City/State/Zip Code)