

**INDIVIDUAL SERVICE AGREEMENT UNDER THE SONOMA COUNTY SPECIAL EDUCATION
2015/2016 MASTER CONTRACT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES - Exhibit B ISA**

Nonpublic School/Agency:					
Local Education Agency:					
Pupil's Name:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate:	Grade:	Primary Disability:
Residential Setting: <input type="checkbox"/> HOME <input type="checkbox"/> FOSTER <input type="checkbox"/> LCI		Parent/Guardian's Name:			
Pupil's Address:			LCI/FFH Lic. Number:		

All terms and conditions of the current Sonoma County LEA Master Contract for Nonpublic, Nonsectarian School/Agency Service (NPS/NPA), hereinafter referred to as the "Contract," are incorporated herein by this reference. Contractor will implement the pupil's Individualized Education Program (IEP) in accordance with this Individual Service Agreement (ISA) and the Contract. Invoices shall be submitted based on actual service provided and attendance standards in the Contract.

A. Daily Tuition Estimate: Pupil shall be enrolled at _____ commencing on _____, and ending on _____, unless earlier terminated by notice from LEA upon pupil's change of residence, change of placement or termination of the Master Contract.

Number of Regular School Year Days	Rate Per Day	Total Regular School Year Basic Education Costs	
Number of ESY Days	Rate Per Day	Total ESY Basic Education Costs	
<i>Partial Day Student - Number of Regular School Year Days</i>	<i>Rate Per Minute</i>	<i>Number of minutes per day</i>	<i>Partial Day Student - Total Regular School Year Basic Education Costs</i>
<i>Partial Day Student - Number of ESY Days</i>	<i>Rate Per Minute</i>	<i>Number of minutes per day</i>	<i>Partial Day Student - Total ESY Basic Education Costs</i>
Total Instructional Days		Total Basic Education Costs -Adjusted Annually	

B. Nonpublic Agency Services and/or Designated Instruction & Related Services Estimate:

SERVICE	SERVICE START DATE	MASTER CONTRACT RATE	DURATION - MINUTES PER SESSION	FREQUENCY Times per Week or Month	WEEK MONTH OR YEAR	ESTIMATED ISA SERVICE SESSIONS	or	HOURS PER YEAR	ESTIMATED TOTAL = Cost per hour x estimated service hours or sessions
1.									
2.									
3.									
4.									
5.									
6.									
Maximum NPA Services and/or Designated Instruction & Related Services Cost - Estimate									
<i>Estimate Per DIEM</i>		Maximum Total Basic Education & DIS/Related Services Cost - Estimate							

C. Individual Pupil Specifications: _____

The parties hereto agree to comply with the terms of the Master Contract & hereby execute this ISA by and through their duly authorized agents or representatives.

Nonpublic Agency: _____

Local Educational Agency: _____

(Authorized Signature) (Date)
Name:

(Authorized Signature) (Date)
Name:

Address:

Address:

Phone: Fax:

Phone: Fax: