

SBUSD Contract # 2018/2019-24

INDIVIDUAL SERVICES AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on **August 21, 2018** 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 **October 1, 2018**, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency(LEA)		Santa Barbara Unified School District		Nonpublic School/Agency		Total Recall Captioning, Inc.	
Address		720 Santa Barbara Street		Address		29629 Canwood Street	
City, State Zip		Santa Barbara, CA 93101		City, State, Zip		Agoura Hills, CA 91301	
LEA Case Manager		John Schettler		Phone		805-963-4338	Fax 805-963-1992
				e-Mail		jschettler@sbunified.org	
Student Last Name				Student First Name			
				Program Contact Name		Sandy Eisenberg	
D.O.B.				Phone		818-991-2413	Fax 815-550-8722
				e-Mail		info@yourcaptioner.com	
Grade		Level		Sex	() M () F		
Parent/Guardian Last Name				Parent/Guardian First Name			
Address				Number of Days		Number of Weeks	
City, State, Zip				Education Schedule – Regular School Year			
Home Phone				Business			
				Contract Begins		8/21/2018	Ends 10/01/2018
				Master Contract Approved by the Governing Board on			

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICES	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
A. BASIC EDUCATION									
B. RELATED SERVICES									
1. CART services					6 Weeks				\$11,898.75
2. Other									
						TOTAL COST			\$11,898.75

ESTIMATED MAXIMUM RELATED SERVICES COST: \$11,898.75

SPECIALIZED EQUIPMENT/SUPPLIES _____ \$ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$11,898.75

4. Other Provisions/Attachments:

5. Progress Reporting Requirements: _____ Quarterly _____ Monthly _____ Other (Specify) _____

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-DISTRICT-

Total Recall Captioning, Inc.

Santa Barbara Unified School District

(Signature)

(Date)

(Signature)

(Date)

Sandy Eisenberg, President / CEO
(Name and Title)

Meg Jetté, Assistant Superintendent for Business Services

Board Approved: _____