

SBUSD Extended 2 Contract # 2018/2019-38
 INDIVIDUAL SERVICES AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
 (Education Code Sections 56365 et seq.)

This agreement is effective on **March 1, 2019** 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 7, 2019**, 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		STAR of CA/Era Ed	
Address		720 Santa Barbara Street		Address		4213 State Street	
City, State Zip		Santa Barbara, CA 93101		City, State, Zip		Santa Barbara, CA 93110	
LEA Case Manager		John Schettler		Phone		805-963-4338	Fax 805-963-1992
				e-Mail		jschettler@sbunified.org	
Student Last Name				Student First Name			
D.O.B.				I.D. #			
Grade		Site	Cleveland	Sex	() M () F		
Parent/ Guardian Last Name				Parent/ Guardian First Name			
Address				Contract Begins		3/1/2019	Ends 6/7/2019
City, State, Zip				Master Contract Approved by the Governing Board on			
Home Phone				Business			

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. Behavior Intervention (BI) a. 1:1 Paraeducator					\$58.95/Hr	32.5 hrs/wk	455 hours		\$26,822.25
2. Behavior Implementation Development (BID)					\$117.87	5 hrs/wk	20 hours		\$8,250.90
3. Other									
							TOTAL COST		\$35,073.15

ESTIMATED MAXIMUM RELATED SERVICES COST: \$35,073.15

SPECIALIZED EQUIPMENT/SUPPLIES _____ \$ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES

\$35,073.15

3. Other Provisions/Attachments:

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

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

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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-

STAR of CA

Santa Barbara Unified School District

(Signature)

(Date)

(Signature)

(Date)

(Name and Title)

Meg Jetté, Assistant Superintendent for Business Services
(Name and Title)