

SBUSD Contract # 2020/2021-04
 INDIVIDUAL SERVICES AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
 (Education Code Sections 56365 et seq.)

This agreement is effective on **July 1, 2020** 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, 2021**, 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		Melinda Gillinger, M.A.	
Address		720 Santa Barbara Street		Address		P.O. Box 221591	
City, State Zip		Santa Barbara, CA 93101		City, State, Zip		Newhall, CA 91321	
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		Melinda Gillinger	
				Phone	805-405-2173	Fax	661-438-1803
D.O.B.		I.D. #		e-Mail	Melinda.onechild@gmail.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 – Extended School Year			
				Number of Days		Number of Weeks	
Home Phone				Business			
				Contract Begins		7/1/2020	Ends 6/30/2021
				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
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
A. BASIC EDUCATION									
B. RELATED SERVICES									
1. Other - Peer In-service to be completed by 9/30/2020			X		\$160.00 per hour	Not to exceed 1 hour			\$160.00
2. Other -- Staff In-Service			X		\$160.00 per hour	Not to exceed 10 hours			\$1,600.00
3. Other – Classroom Observations. This does not include attendance at IEP team meetings. To be completed by 6/30/2021			X		\$160.00 per hour	Observation services schedule to be mutually agreed upon between service provider and District Administration and staff	Not to exceed 21 hours		\$3,360.00
4. Other – Mileage Reimbursement – 164.6 roundtrip miles for eleven separate round trips @ District reimbursement rate and current IRS rate.			X			Roundtrip mileage 164.6 (at the current IRS rate)	11		\$1,041.09
						TOTAL COST			\$6,161.09

ESTIMATED MAXIMUM RELATED SERVICES COST: \$6,161.09

SPECIALIZED EQUIPMENT/SUPPLIES _____ \$ _____

**TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES
COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$6,161.09**

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-

Melinda Gillinger, MA

Santa Barbara Unified School District

(Signature)

(Date)

(Signature)

(Date)

(Name and Title)

Meg Jetté, Assistant Superintendent for Business Services

Board Approved: _____