

SBUSD Contract # 2021/2022-01
INDIVIDUAL SERVICES AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2021 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, 2022, 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		Dynamic Therapy Solutions and Dyslexia Center, PC	
Address		720 Santa Barbara Street		Address		190 Sierra Court, Suite C-10	
City, State Zip		Santa Barbara, CA 93101		City, State, Zip		Palmdale, CA 93550	
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		Alisha Magilei	
D.O.B.		I.D. # 526025		Phone		661-274-8454	Fax 661-276-7614
Grade		Site	Sex	() M () F		e-Mail alisha@dynamictherapysolutions.org	
Parent/ Guardian Last Name		Parent/ Guardian First Name		Education Schedule – Regular School Year			
				Number of Days		Number of Months	
				Education Schedule – Extended School Year			
				Number of Days		Number of Weeks	
Address				Contract Begins		7/1/2021	Ends 06/30/2022
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. Wilson Reading Program a. Monitor implementation of the reading program in home and school setting			X		\$150.00 per hour	8 Hrs/Month 96 hours	X		\$14,400.00
2. Staff Training, Coaching, On-Site Observation & Virtual Instruction			X		\$150.00 per hour	2.5	X		\$375.00
						TOTAL COST			\$14,775.00

ESTIMATED MAXIMUM RELATED SERVICES COST: \$14,775.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ N/A _____ \$ _____

4. Other Provisions/Attachments:

N/A

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

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

-CONTRACTOR-

-DISTRICT-

Dynamic Therapy Solutions

Santa Barbara Unified School District

Alisha Noterman
(Signature)

7/12/21
(Date)

(Signature)

(Date)

Alisha Noterman
(Name and Title)

Kim Hernandez, Assistant Superintendent for Business Services
(Name and Title)

Board Approved: _____