

SBUSD Contract # 2016/2017- 46
 INDIVIDUAL SERVICES AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
 (Education Code Sections 56365 et seq.)

This agreement is effective on June 12, 2017 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 July 13, 2017, 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		Casa Pacifica	
Address		720 Santa Barbara Street		Address		1722 South Lewis Road	
City, State Zip		Santa Barbara, CA 93101		City, State, Zip		Camarillo, CA 93012	
LEA Case Manager		John Schettler		Phone		805-366-4064	Fax
				e-Mail		training@casapacific.org	
Student Last Name	Castaneda	Student First Name	Joseph	Program Contact Name		Barbara Kramer	
D.O.B.	06/07/1999	I.D. #	539611	Phone		805-366-4064	Fax
Grade	12	Level		e-Mail		bkramer@casapacific.org	
		Sex	(X) M () F	Education Schedule – Regular School Year			
Parent/ Guardian Last Name	Castaneda	Parent/ Guardian First Name	Joseph	Number of Days		Number of Weeks	
				Education Schedule – Extended School Year			
				Number of Days		20	Number of Weeks 5
Address		1228 Liberty Street		Contract Begins		6/12/2017	Ends 7/13/2017
City, State, Zip		Santa Barbara, CA 93103		Master Contract Approved by the Governing Board on			
Home Phone 805-689-0314		Business		September 12, 2016			

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		X			\$160.00/day	20 days		X	\$3,200.00
B. RELATED SERVICES									
1. Transportation Paid to NPS		X			\$262.40/Day	20 days		X	\$5,248.00
2. Individual Therapy		X			\$119/Hr	2 hrs/week for 5 weeks		X	\$1,190.00
3. Group Therapy									
4. Adapted P.E. a. Group of _____ b. Individual									
5. Speech/Language a. Group of _____ b. Individual c. Consultation									
6. Other									
TOTAL COST									\$ 9,638.00

ESTIMATED MAXIMUM RELATED SERVICES COST: \$ 6,438.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ \$ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$9,638.00

4. Other Provisions/Attachments:

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

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON September 12, 2016

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

-CONTRACTOR-

-DISTRICT-

Casa Pacifica

Santa Barbara Unified School District

Michael Redard 6/14/17
(Signature) (Date)

Michael Redard

(Signature) (Date)

(Name and Title)

Chief Financial Officer

Meg Jette, Assistant Superintendent for Business Services

Board Approved: _____