

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.

<b>Local Education Agency(LEA)</b>		Santa Barbara Unified School District			<b>Nonpublic School/Agency</b>		Casa Pacifica		
<b>Address</b>		720 Santa Barbara Street			<b>Address</b>		1722 South Lewis Road		
<b>City, State Zip</b>		Santa Barbara, CA 93101			<b>City, State, Zip</b>		Camarillo, CA 93012		
<b>LEA Case Manager</b>		John Schettler			<b>Phone</b>		805-366-4064		<b>Fax</b>
					<b>e-Mail</b>		training@casapacificica.org		
<b>Student Last Name</b>		Castaneda		<b>Student First Name</b>		Joseph		<b>Program Contact Name</b>	
								Barbara Kramer	
<b>D.O.B.</b>		06/07/1999		<b>I.D. #</b>		539611		<b>Phone</b>	
								805-366-4064	
<b>Grade</b>		12		<b>Level</b>				<b>Fax</b>	
								805-366-4064	
<b>Parent/Guardian Last Name</b>		Castaneda		<b>Parent/Guardian First Name</b>		Joseph		<b>e-Mail</b>	
								bkramer@casapacificica.org	
<b>Address</b>		1228 Liberty Street			<b>Contract Begins</b>		6/12/2017		<b>Ends</b>
<b>City, State, Zip</b>		Santa Barbara, CA 93103			<b>Master Contract Approved by the Governing Board on</b>		September 12, 2016		
<b>Home Phone</b>		805-689-0314		<b>Business</b>					

**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									
<b>TOTAL COST</b>									<b>\$ 9,638.00</b>

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)

(Signature) (Date)

(Name and Title) **Chief Financial Officer**

Meg Jette, Assistant Superintendent for Business Services

Board Approved: \_\_\_\_\_