

**INSTRUCTIONS TO LEA FOR COMPLETING (sample attached)  
The Individual Service Agreement (ISA) 10/11 SELPA Master Contract**

LEA must complete and submit the ISA to the NPS or NPA before commencement of services. The NPS/A has the right to refuse the student services until such time the ISA is submitted by the LEA.

- ☞ Do not submit ISA's to NPS or NPA in blank.

Complete Name of Local Education Agency (your District) and all student information.

**A. Basic Education Program**

Enter the number of regular and extended school days student will attend in boxes. For Partial Day Students enter the number regular and extended school days student will attend, rate per minute is NPS Daily Tuition rate divided by NPS Instructional minutes, enter total number of minutes per day student will attend per IEP.

**B. Individual Pupil Specifications will need completion.**

2. Indicate pupil/student ratio for class size.
3. Indicate pupil/student ratio for related services.
6. Indicate student method for complying with state standardized assessment requirements from student's IEP.
7. Indicate the dates, if any, on NPS SELPA approved calendar that student will not attend the NPS per student's IEP.
8. Other Provisions -Examples of items to put here include:
  - ◆ Partial day student schedule and payment for such if necessary.
  - ◆ Special location or arrangements for related services.
  - ◆ Special medical treatment or behavior intervention not clearly indicated in IEP.
  - ◆ Other pertinent service the NPS/A must perform for student.
  - ◆ Any pertinent LEA board adopted policy for serving students, which might apply to this student.

**C. DIS and Related Services**

- ◆ Indicate the number of minutes for each service as stated on students IEP, such as 30 or 60
- ◆ Enter the frequency of the service by times per week or month, such as 1 or 2
- ◆ Enter service WK (week), Month or Year
- ◆ Enter the start date of DIS service
- ◆ Enter the estimated hours or number of sessions until next IEP
- ◆ Enter the Total Basic Education Costs from Page 1, Item A in the field for Maximum Total Basic Education Cost Page 2, Item A.
- ◆ Enter the Total Instructional Days from Page 1, Item D in the field for Instructional Days Page 2, Item D

- Check the figures automatically converted, if using the template version.
- Complete Local Education Agency (your district) information fields
- Sign and submit to NPS/A for signature prior to services starting.

See sample below ↗

EXHIBIT A sample

**INDIVIDUAL SERVICE AGREEMENT UNDER THE SONOMA COUNTY SPECIAL EDUCATION  
MASTER CONTRACT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES**

NAME OF LOCAL EDUCATION AGENCY: Enter the name of school district here

NAME OF NONPUBLIC SCHOOL/AGENCY: Enter the name of NPS or NPA here

PUPIL'S NAME: \_\_\_\_\_ SEX: ( ) M ( ) F  
(Last) (First) (Middle)

PUPIL's I.D./S.S. #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_  
RESIDENTIAL SETTING: ( ) HOME ( ) FOSTER ( ) LCI LCI PHONE # \_\_\_\_\_

PUPIL'S ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
(Residence) (Business)

NON-EDUCATIONAL PLACING AGENCY: (If applicable) example: Sonoma County Mental Health

Enter student & parent information

Date student will start NPA services or enrolls in NPS

Date student ends NPA service or ends NPS service per the IEP-- usually the last day of School or ESY

conditions of the current Sonoma County Special Education Local Planning Area Master Contract for Nonsectarian School/Agency Service (NPS/NPA), hereinafter referred to as the "Contract" for reference. Contractor will provide the pupil's Individualized Education Program (IEP) and Service Agreement (SA) to be submitted based on actual standards.

**A. BASIC EDUCATION (Schools only)**

Contractor shall provide basic education commencing on \_\_\_\_\_, 200\_\_, and ending on \_\_\_\_\_, 200\_\_, unless earlier terminated by notice from LEA upon pupil's change of residence, change of placement or termination of the Master Contract.

Number of Regular School Days	<u>180</u>	Per Diem Rate	<u>\$178.00</u>	= Total Regular School Year Basic Education Costs (Adjusted annually)		<u>\$32,040.00</u>
Number of ESY Days	<u>10</u>	Per Diem Rate	<u>\$178.00</u>	= Total ESY Basic Education Costs (Adjusted annually)		<u>\$1,780.00</u>
Partial Day Student Number of Regular School Days		Per Minute Rate		Number of minutes per day		= Partial Day Student Total Regular School Year Basic Education Costs (Adjusted Annually)
Partial Day Student Number of ESY Days	<u>10</u>	Per Minute Rate	<u>\$.49</u>	Number of minutes per day	<u>180</u>	= Partial Day Student Total ESY Basic Education Costs (Adjusted Annually)
<b>Total Instructional Days (Item-D page 2)</b>	<b>200</b>	<b>Total Basic Education Costs -Adjusted annually (Item -A on page 2)</b>			<b>\$34,702.00</b>	

**B. INDIVIDUAL PUPIL SPECIFICATIONS (Complete # 2 and #5 or reference IEP)**

The pupil's teacher/service provider will hold the appropriate credential/license to provide such services as issued by California

- 1 Commission on Teacher Credentialing, Sonoma County Office of Education or the appropriate California Licensing Agency.
- 2 The class size for the pupil will not exceed 12, or if other than 12, specify: Example: Pupil Class size can exceed 12 for PE
- 3 The Related Service Therapist/pupil ratio will not exceed: Example : 1/1
- 4 The length & content of the Basic Education Program will be consistent with the Contract unless otherwise specified in the IEP.
- 5 Contractor shall provide authorized services in accordance with the pupil's IEP & this ISA.
- 6 Method for complying with statewide standardized assessment requirements: Example: CAPA
- 7 Dates student will **not attend** NPS per SELPA approved calendar: Example: Student will not attend NPS ESY calendar dates of July 1-8, 2011
- 8 Other Provisions: Example: Student will attend partial day ESY June 24-30, 2011

**C. DESIGNATED INSTRUCTION AND SERVICES/RELATED SERVICES: ESTIMATE**

Pupil's Name:		SERVICE PROVIDED			COST PER HOUR AS SET FORTH IN MASTER CONTRACT	ESTIMATED HOURS, MILES OR SESSIONS UNTIL NEXT IEP	ESTIMATED TOTAL  (EQUALS COST PER HOUR TIMES (X) ESTIMATED SESSIONS TIMES (X) HOURS PER SESSION)	
<i>Suzy Student</i>		MINUTES	FREQUENCY (TIMES PER WEEK/ MONTH/ YEAR)	WK/ MONTH/ YEAR				START DATE
1.	<i>Speech</i>	<i>30</i>	<i>2</i>	<i>WK</i>	<i>8/18/10</i>	<i>\$79.00</i>	<i>36</i>	<i>\$2,844.00</i>
2.	<i>OT</i>	<i>60</i>	<i>1</i>	<i>MONTH</i>	<i>8/18/10</i>	<i>\$81.00</i>	<i>12</i>	<i>\$972.00</i>
3.								
4.								
5.								
6.								
7.								
8.								
<b>*MAXIMUM DIS AND RELATED SERVICES COST ESTIMATE</b>					(C)	Above Estimated Totals	<b>\$3,816.00</b>	
<b>*MAXIMUM TOTAL BASIC EDUCATION COST ESTIMATE</b>					(A)	<i>Item A from page 1</i>	<b>\$34,702.00</b>	
<b>*Maximum Total Basic Education and DIS/Related Services Cost Estimate</b>						(A + C)	<b>\$38,518.00</b>	
<b>ESTIMATED PER DIEM – BASIC EDUCATION AND DIS/RELATED SERVICES DIVIDED BY INSTRUCTIONAL DAYS</b>			<b>INSTRUCTIONAL DAYS - ITEM D FROM PAGE 1</b>		<i>200</i>	(A + C divided by D)	<b>\$192.59</b>	

The parties hereto agree to comply with the terms of the Master Contract and hereby execute this Individual Service Agreement by and through their duly authorized agents or representatives.

**Contractor – Nonpublic School or Agency**

**Local Educational Agency**

(Authorized Signature)	(Date)	(Authorized Signature)
(Type or Print Name)	(Type or Print Name)	(Type or Print Name)
(Mailing Address)	(Mailing Address)	(Mailing Address)
(Telephone)	(Telephone)	(Telephone)

Enter name of student here

This section is completed per the student's IEP for any related services – see example

NPS or NPA must sign here

District signs here

Enter NPS or NPA name, address and phone in this section

Enter District name, address and phone in this section