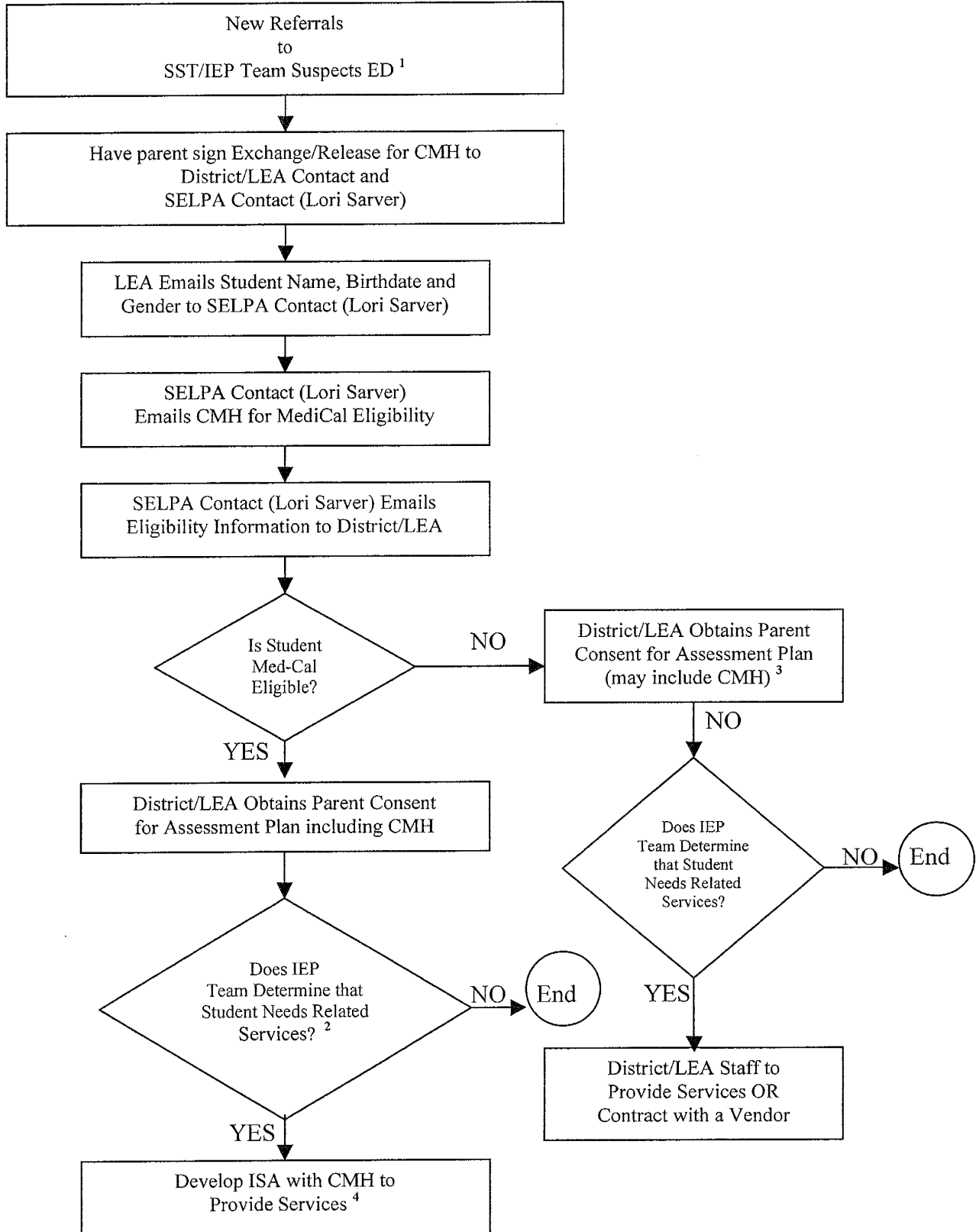


**SONOMA COUNTY SELPA 2011-2012
NEW REFERRALS**



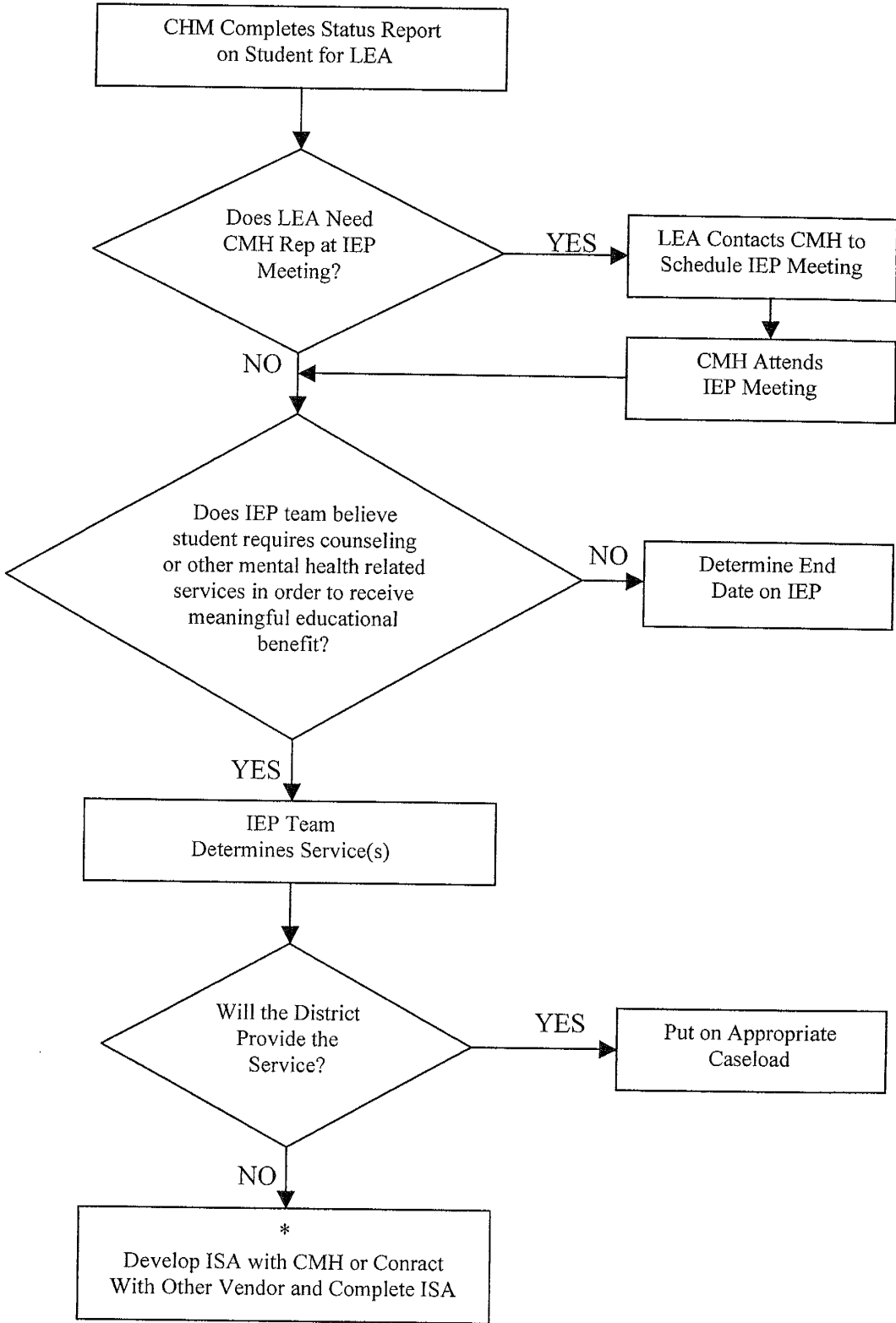
¹ Gathering information on suspected needs to determine appropriate assessment and develop Assessment Plan.

² Related Services should only be provided to students who require the services in order to receive meaningful educational benefit.

³ LEA to fax signed Assessment Plan to CMH within one (1) school day; CMH to make two (2) phone attempts to arrange appointment with parent; if parent fails to respond, CMH will email LEA within ten (10) calendar days; LEA to follow up.

⁴ If student misses three (3) sessions, CMH to notify LEA via email.

**SONOMA COUNTY SELPA 2011-2012
EXISTING CMH SERVICE ON IEPs**



* If student also requires residential placement, use separate contract and ISA for the residential component

**INDIVIDUAL SERVICE AGREEMENT UNDER THE SONOMA COUNTY SPECIAL EDUCATION
Memo of Understanding For Sonoma County MENTAL HEALTH SERVICES**

NAME OF LOCAL EDUCATION AGENCY: _____

PUPIL'S NAME: _____ SEX: () M () F

(Last) (First) (Middle)

PUPIL'S I.D. #: _____ BIRTHDATE: _____ GRADE: _____

RESIDENTIAL SETTING: () HOME () FOSTER () LCI LCI PHONE # _____

PUPIL'S ADDRESS: _____

PARENT/GUARDIAN'S NAME: _____ PHONE: () ()

(Residence) (Business)

All terms and conditions of the current Sonoma County Special Education Local Planning Area Master Contract Memo of Understanding with Sonoma County Mental Health, hereinafter referred to as the "MOU," are incorporated herein by this reference. Contractor will implement the pupil's Individualized Education Program (IEP) in accordance with this Individual Service Agreement and the Contract. Invoices shall be submitted based on actual service provided and attendance of the student.

ASSESSMENT AND/OR RELATED SERVICES: ESTIMATE NOT TO EXCEED \$2.61 PER MINUTE

Pupil's Name:	SERVICE PROVIDED				ESTIMATED TOTAL
	MINUTES	FREQUENCY (TIMES PER WEEK/ MONTH/ YEAR)	WK/ MONTH/YEAR	START DATE	
1. Assessment/Evaluation					
2. Indiv. Student Counseling					
3. Group Student Counseling					
4. Parent Counseling					
5. Consultation					
6.					
7.					
MAXIMUM RELATED SERVICES COST ESTIMATE FOR 2011-12 SCHOOL YEAR					

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

Sonoma County Mental Health

Local Educational Agency

(Authorized Signature) (Date)

(Authorized Signature) (Date)

(Type or Print Name)

(Type or Print Name)

(Mailing Address)

(Mailing Address)

(Telephone)

(Telephone)