INDIVIDUAL SERVICES AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES

(Education Code Sections 56365 et seq.)

7/1/2023 Date of Contract: This agreement is effective on 7/1/2023 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, 2024, unless sooner terminated as provided in the Master Contract and by applicable law.

Status Local Education Nonpublic The Phillips Academy APPROVED Agency East Bay Innovation Academy School/Agency LEA Case NPS/NPA Manager Name Address NPS/A Phone **CDE** Certification Number last updated: April-22 AGREEMENT TERMS: 1. Nonpublic School/Agency: The contracted service dates are: 7/1/2023 (Start Date) (End Date) The number contracted for service are: 180 days during the regular school year 38 weeks during the regular school year

2. Nonpublic School/Agency

The average number of minutes in the instructional day will be:

during the regular school year, average daily minutes

330 240 during the extended school year, average daily minutes

months during the regular school year

days during the extended school year

3. Educationally related services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.

A. INCLUSIVE EDUCATION PROGRAM: (Applies to nonpublic schools only):

RSY Daily Rate: \$ 294.00 ESY Daily Rate: \$ 294.00

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Specialized Academic Instruction Approved:

RSY Estimated Number of Days 180 x Daily Rate \$294.00 = PROJECTED BASIC EDUCATON COSTS (A) **ESY Estimated Number of Days** x Dally Rate \$294.00 = PROJECTED BASIC EDUCATON COSTS (A) \$ 52,920.00 7,056.00

SERVICE	CDE Certified Services by Provided NPS/NPA	LEA	NPS	NPA	OTHER	Duration per IEP	# of Times per IEP	Per wk/mo/yr per IEP	Cost per session	Maximum Number of Sessions		Estimated Maximum Total Cost for	
					Specify	(# of minutes)				Reg	ESY	Contracted Period	
Intensive Individual Services (340)	FALSE											\$	
Language/Speech Therapy (415)	FALSE								State Supremental			s	
a. Individual												1	
b. Group												\$	
Adapted Physical Ed. (425)	FALSE											\$	-
Health and Nursing: Specialized Physical Health Care (435)												\$	
Health & Nursing Services: Other (436)	FALSE											\$	
Assistive Technology Services (445)	TRUE											\$	
Occupational Therapy (450)	TRUE											\$	
Physical Therapy (460)	FALSE				Value (Second						-	\$	
ndividual Counseling (510)	TRUE		x			60	1	Weekly	\$ 166.00	38	5	\$	7,138.00
Counseling and guidance (515).	TRUE		x			60	1	Weekly	\$ 166.00	38	5	\$	7,138.00
Parent Counseling (520)	TRUE											\$	
Social Work Services (525)	FALSE											\$	-
Psychological Services (530)	FALSE					1111						\$	
Behavior Intervention Services (535) Design/Planning	TRUE											\$	
Behavior Intervention Services (535) mplementing	TRUE											\$	
Day Treatment Services (540)							BELLEY				-	\$	
College Awareness Preparation (820)	TRUE							1		120		s	-

SERVICE	CDE Certified Services by Provided	LEA	NPS	NPA	OTHER	Duration per IEP (# of minutes)	# of Times per IEP	Per wk/mo/yr. per IEP	Cost per session	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted
Vocational Assessment, Counseling,	NPS/NPA				Specify					Reg	ESY	Period
Guidance & Career Assessment (830)	TRUE											\$ -
Career Awareness (840)	TRUE									·	-	\$ -
Mentoring (860)	TRUE			L								\$ -
Low Incidence Certified:	FALSE	NULL										
Specialized Services for Low Incidence Disabilities (610)	_									-	-	\$ -
Specialized Deaf and Hard of Hearing Services (710)											•	\$ -
Specialized Orthopedic Service (740)												\$ -
Interpreter Services (715)	FALSE										-	\$ -
Specialized Vision Services (725)	FALSE											\$ -
Braille Transcription (735)	FALSE										-	\$ -
Reader Services (745)												\$ -
Note Taking Services (750)										-	-	\$ -
Transcription Services (755)	FALSE									-		\$ -
Audiological Services (720)	FALSE										-	\$ -
Orientation and Mobility (730)	FALSE					A					-	\$ -
Recreation Services (760)	FALSE										-	\$ -
Work Experience Education (850)											K-	\$ -
Agency Linkages (865)										-	-	\$ -
Travel Training (870)										-	-	\$ -
Other Transition Services (890)								3800			-	\$ -
Other (900)												\$ -
Other (no code)										-		\$ -
Transportation										-	-	\$ -
Transportation-NPS										-	-	\$ -
Transportation-NPS Emergency										-		\$ -
Transportation-Parent Reimbursement												\$ -
Bus Passes											-	\$ -
Residential Room and Board										-	•	\$ -
Other											•	\$ -
Total Related Services												\$ 14,276.00
C. ESTIMATED MAXIMUM RELATED SERVICES COST D. SPECIALIZED EQUIPMENT/SUPPLIES S TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES (A, C, & D) or (A, B, & D) \$ 74,252.00 4. Other Provisions/Attachments:												
5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON Other												
6. Progress Reporting Requirements: Quarterly X Monthly (Specify)												
The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below. -CONTRACTOR-												
The Phillips Academy East Bay Innovation Academy											my	
(Name of Nonpublic School/Agency) (Signature)	Street Cohen Ph & 7/21/23 (Signature) 8/16/(Date)											1623 (Date)
Dr. Esther Cohen	Interim Executive/Clinical Director Miranda Thorman, Executive											
(Name and Title)					1	(Name of Superin	tendent or Autho	rized Designee)			V	

form revised: 8/15/2022