

SERVICE	CDE Certified Services by Provided NPS/NPA	LEA	NPS	NPA	OTHER Specify	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 Period
										Reg	ESY	
Vocational Assessment, Counseling, Guidance & Career Assessment (830)	TRUE									-	-	\$ -
Career Awareness (840)	TRUE									-	-	\$ -
Mentoring (860)	TRUE									-	-	\$ -
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									-	-	\$ -
Recreation Services (760)	FALSE									-	-	\$ -
Work Experience Education (850)										-	-	\$ -
Agency Linkages (865)										-	-	\$ -
Travel Training (870)										-	-	\$ -
Other Transition Services (890)										-	-	\$ -
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 \$ -

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

6. Progress Reporting Requirements: Quarterly ^x Monthly Other (Specify)

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

-CONTRACTOR-

-LEA-

The Phillips Academy
(Name of Nonpublic School/Agency)
Esther Cohen, PhD 7/21/23
(Signature) (Date)

Dr. Esther Cohen
(Name and Title)
Interim Executive/Clinical Director

East Bay Innovation Academy
(Name of LEA)
Miranda Thorman 8/16/23
(Signature) (Date)

Miranda Thorman, Executive Director
(Name of Superintendent or Authorized Designee)