		INDIVIDUA	L SERVICI	ES AGREE			UBLIC, NONSEC		OOL/AGENCY	SERVICES							
	Date of Contract:	10/24/2	24		(Educa	tion Code s	Sections 56365 et s	eq.)									-
This agreement is effective on 10/24/24 or the date stude			te student begins attending a nonpublic school or receiving services from a r						onpublic agency, if after the date identified, and terminates at 5:00 P.M. on								
June 30, 2025, unless sooner terminated as provided in the Master Contract and by applicable law.					aw.							Status					
Local Education Agency East Bay Innovation Academy			ademy			Nonpublic School/ Agency		Fred Finch				Approved					
LEA Case Sam Offer			Offenberg				NPS/NPA Address		3800 Coolidge Av	ve, Oakland, CA 9	4602						
Manager Name						NPS/A Phone		(510) 482-2244		CDE Cer							
						Number		(010) 102 2211		last up	dated:						
Student Information Pupil Name REDACTI			EDACTED	ACTED			CCID	1667819755	Cau	M	Crada	6					
	(Last)	(First)			(MI)	SSID		Sex		Grade	-						
Address REDACTED							City		Oakland		State/Zip		CA/94605				
		Residential	Setting:				LCI#		DEDAOTED		OTHER						
Parent/ Guardian REDACTED						Parent Phone	(Residence)	REDACTED		(Business)		:)					
Address							City				State/Zip						
(If different from studer		nt)															
	AGREEMENT TERMS:																
Nonpublic School/Agency:					The	contracted	d service dates are:	10/24/24		10/23/25							
					The num	ber contrac	cted for service are:	(Start Date) 180	dave during the	(End Date) egular school yea	ır						
										regular school ye							
								10	months during the regular school ye								
Nonpublic School/Agency								50	days during the	extended school y	ear						
z. Ivonpublic Scho	owagency		The aver	rage number	r of minutes	in the instr	uctional day will be:	330	during the regula	r school year, ave	erage daily	minutes					
							, 30.			ded school year, a							
	ated services as specifie				NTRACTOR	R and paid a											
A. INCLUSIVE EDU	UCATION PROGRAM:	(Applies to nonpublic schools only):					RSY Daily Rate: ESY Daily Rate:										
RSY Estimated	d Number of Days	180	x Dail	ly Rate	Rate \$ 303.89 =		CTED BASIC EDUC		A)	\$ 54,700.20							
	d Number of Days	50		y Rate			CTED BASIC EDUC		-	\$ 15,194.50							
B. RELATED SER	VICES:																
		CDE Certified		NPS							Maximum	Number	Estimated				
SE	RVICE	Services by Provided NPS/	LEA		NPA	OTHER	Duration per IEP (# of minutes)	# of Times per IEP	Per wk/mo/yr	Cost per session	Maximum Number of Sessions		Maximum Total Cost for				
		NPA				Specify	(# Of fillitutes)	IL.	per IEP	56551011	Reg	ESY	Contracted Period				
Intensive Individual Services (340)											-	-	\$ -				
Language/Speech Therapy (415)		No									-	-	_				
a. Individual			Ì										\$ -				
b. Group											-	-	\$ -				
Adapted Physical Ed. (425)		No									-	-	\$ -				
Health and Nursing: Specialized Physical Health Care (435)											-	-	\$ -				
Health & Nursing Services: Other (436)		Yes									_	-	s -				
Assistive Technolog		No									_		s -				
Occupational Thera		No		-	-						_		s -				
Physical Therapy (4		No									-	-	\$ -				
Individual Counselin	ng (510)	No									-	-	\$ -				
Counseling and gui		No									-	-	\$ -				
Parent Counseling	(520)	No									-	-	\$ -				
Social Work Service	es (525)	Yes									-	-	\$ -				
Psychological Servi	ices (530)	No									-	-	\$ -				
Behavior Intervention Services (535) Design/Planning		Yes									-	-	\$ -				
	Behavior Intervention Services (535)										-		\$ -				
Implementing		Yes				 							Estimated				
SE	RVICE	CDE Certified Services by	LEA	NPS	NPA	OTHER	Duration per IEP	# of Times per	Per wk/mo/yr.	Cost per	Maximum of Ses		Maximum Total Cost for Contracted				
		Provided NPS/ NPA				Specify	(# of minutes)	IEP	per IEP	session	Reg	ESY					
Low Incidence Cer	rtified:	No															
	Services for Low Incidence												s -				
Specialized Deaf and	Disabilities (610) Hard of Hearing Services		 	-		<u> </u>					\vdash						
opecialized Dear and	Hard of Hearing Services (710)										-	-	\$ -				
	Interpreter Services (715)										-	-	\$ -				
Specialized Vision Services (725)		No									-	-	\$ -				
Orientation and Mobility (730)		No									-	-	\$ -				
Braille Transcription (735)		No									-	-	\$ -				
Specialized Orthopedic Service (740)											-	-	\$ -	1			
Transcription Services (755)		No									-	-	\$ -				
Audiological Services (720)		No									-		\$ -				
		No											s -				
Recreation Services (760)																	
College Awareness Preparation (820) Vocational Assessment, Counseling,		No No		-							-	-	<u> </u>				
Guidance & Career	Guidance & Career Assessment (830)										-	-	\$ -				
Career Awareness	(840)	No									-	-	\$ -				
Work Experience Education (850)		No										-	\$ -				

Mentoring (860)		No									-	-	\$ -			
Agency Linkages (865)											-	-	\$ -			
Travel Training (870)											-	-	\$ -			
Other Transition Services (890)												-	\$ -			
Other (900)												-	\$ -			
Transportation											-	-	\$ -			
Transportation-NPS											-	-	\$ -			
Transportation-Parent Reimbursement												-	\$ -			
Bus Passes											-	-	\$ -			
Residential Room and Board												-	\$ -			
Other											-	-	\$ -			
Total Related Services													s -			
						C. I	ESTIMATED MAXIN	IUM RELATED S	ERVICES COST	\$		-				
D. SPECIALIZED EQUIPMENT/SUPPLIES										\$		-				
TOTAL ESTIMATED M.	AXIMUM BASIC EDUCATIO	N/RELATED SERVIC	CES COSTS/S	PECIALIZED E	QUIPMENT/S	UPPLIES (A	, C, & D) or (A, B, & D)			s		59,894.70				
							, , , , , , ,									
Other Provisions/Attachments:																
LEA to provide Spe	ech and OT services															
5. MAST	TER CONTRACT APPRO	OVED BY THE GO	OVERNING	BOARD ON												
6. Progress Rep	orting Requirements:	Quarterly		Monthly		Other (Specify)										
The parties hereto I	have executed this Indiv	idual Services Ag	reement by	and through	their duly a	uthorized a	gents or represent	atives as set forth	below.							
		NTDACTOR								-LEA-						
-CONTRACTOR-						East Bay Innovation Academy			LEA-							
(Name of Nonpublic	c School/Agency)						(Name of LEA)	n Academy								
(rtaine or rtonpasii	- Curioun (gurioy)						(Hallo of EE)									
(Signature)					(Date)		(Signature)						(Date)			
(Cignature)					(Date)		(Signature)						(Date)			
(Name and Title) (Name of Sup							(Name of Superint	endent or Authori	ent or Authorized Designee)							
												1	orm revised: 08/24/2023			
			-	-												
	-															