

## Exhibit B: Individual Service Agreement (ISA)

Nonpublic School/Agency:	
Local Education Agency:	
Case Manager:	
Pupil's Name:Sex: $\boxtimes M \ \Box F$ Birthdate: _	Grade: Primary Disability:
Residential Setting: HOME FOSTER LCI	Parent/Guardian's Name:
Pupil's Address:	Parent Phone & Email:

All terms and conditions of the current Sonoma County Special Education Local Planning Area Master Contract for Nonpublic, Nonsectarian School/Agency Service (NPS/NPA), hereinafter referred to as the "Contract," are incorporated herein by this reference. Contractor will implement the pupil's Individualized Education Program (IEP) in accordance with this Individual Service Agreement (ISA) and the Contract. Invoices shall be submitted based on actual service provided and attendance standards in the Contract.

## Nonpublic Agency Services and/or Designated Instruction & Related Services Estimate:

Service	Service Date Range	Master Contract Rate	DURATION - MINUTES PER SESSION	Frequency Times per Week or Month	Week Month or Year	Estimated ISA Service Sessions	or	Hours Per Year	ESTIMATED TOTAL = Cost per hour x estimated service hours or sessions
1.							-	1	\$0.00
2.		\$0.00			1		:	1 1 1	\$0.00
3.		\$0.00					:	1	\$0.00
4.		\$0.00					i	• • •	\$0.00
5.		\$0.00					-		\$0.00
6.		\$0.00			1		!		\$0.00
7.		\$0.00					1	1	\$0.00
8.		\$0.00					1	1 1 1	\$0.00
9.		\$0.00					-	1 1 1	\$0.00
10.		\$0.00			1		1	- 	\$0.00
11.		\$0.00					i		\$0.00
12.		\$0.00					1	1	\$0.00
13.		\$0.00					:		\$0.00
14.		\$0.00			ĺ		:	-	\$0.00
Maximum NPA Services and/or Designated Instruction & Related Services Cost - Estimate						\$0.00			

Other Provisions/Attachments:

Progress	Reporting	g Requirements:	

- □ Quarterly
- □ Monthly

□ Other (Specify):

The parties hereto agree to comply with the terms of the Master Contract & hereby execute this ISA by and through their duly authorized agents or representatives. Nonpublic Agency: Local Educational Agency:

(Authorized Signature)		(Date)	(Authorized Signature)	(Date)
			Excel Academy Charter Schools	
			Heidi Gasca	
Phone:	Fax		Phone: 949-387-7822 Fax 949-209-2689	
Phone:	Fax			

