



Exhibit B: Individual Service Agreement (ISA)

Nonpublic School/Agency: _____

Local Education Agency: _____

Case Manager: _____

Pupil's Name: _____

Sex: M 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.									\$0.00
2.									\$0.00
3.									\$0.00
4.									\$0.00
5.									\$0.00
6.									\$0.00
7.									\$0.00
8.									\$0.00
9.									\$0.00
10.									\$0.00
11.									\$0.00
12.									\$0.00
13.									\$0.00
14.									\$0.00
Maximum NPA Services and/or Designated Instruction & Related Services Cost - Estimate									\$0.00

C. Individual Pupil Specifications: _____

Progress Reporting Requirements:

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)

Phone: _____ Fax: _____

Phone: _____ Fax: _____