

(Education Code Sections 56365 et seq.)

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group			SLP	2 days a week Totaling 16 hours	\$959/day	39	\$37,401.00
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900)J							
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

AMENDED SERVICES COST \$37401.00 _____

ORIGINAL ISA AMOUNT \$5754.00 _____

TOTAL MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$43,155.00 _____

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Requirements: _____ Quarterly _____ 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/SELPA-

SPG Therapy & Education

(Name of Nonpublic School/Agency)

ALAMEDA UNIFIED SCHOOL DISTRICT/NORTH REGION
SELPA

(Name of LEA/SELPA)

Susan Stark

(Signature) 2/1/24
(Date)

Kirsten Zazo

(Signature) 02/02/2024
(Date)

Susan Stark - President

(Name and Title)

Kirsten Zazo, Assistant Superintendent of Ed Services

(Signature) (Date)
President, Board of Education
Alameda Unified School District

**(CONTRACTS EXCEEDING \$114,500 ARE NOT
AUTHORIZED WITHOUT SIGNATURE OF THE BOARD
PRESIDENT)**