

**AMENDMENT No. 1 TO**  
**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL SERVICES**  
**DATED August 14<sup>th</sup>, 2023**

(Education Code Sections 56365 et seq.)

This agreement is effective on August 14<sup>th</sup>, 2023 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on December 15th, 2023, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency ALAMEDA UNIFIED SCHOOL DISTRICT Nonpublic School Ro Health

LEA Case Manager: Name DR. RANDHIR BAINS, Phone Number 510-337-7098

Pupil Name Nursing services (TINA TIENG, RN) – DISTRICT/ PRE-K WCDC Sex: ☐ M ☐ F Grade: \_\_\_\_\_  
 (Last) (First) (M.I.)

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

DOB \_\_\_\_\_ Residential Setting: ☐ Home ☐ Foster ☐ LCI # \_\_\_\_\_ ☐ OTHER \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 (Residence) (Business)

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 (If different from student)

**AGREEMENT TERMS:**

1. *Nonpublic School:* The average number of minutes in the instructional day will be: \_\_\_\_\_ during the regular school year  
 \_\_\_\_\_ during the extended school year
2. *Nonpublic School:* The number of school days in the calendar of the school year are: \_\_\_\_\_ during the regular school year  
 \_\_\_\_\_ during the extended school year
3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE:** (Applies to nonpublic schools only): Daily Rate: \_\_\_\_\_

**Estimated Number of Days** \_\_\_\_\_ **x Daily Rate** \_\_\_\_\_ = **PROJECTED BASIC EDUCATION COSTS** \_\_\_\_\_

**B. RELATED SERVICES:**

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							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)			NPA	7 HOURS PER DAY	\$85.00/ HR	82	(-\$58,310.00)
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							

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				
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
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\$ \_\_-(58,310.00)\_\_\_\_\_  
ORIGINAL ISA AMOUNT\$107100.00\_\_\_\_\_

TOTAL MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$48790.00\_\_\_\_\_

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-

Ro Health, LLC

(Name of Nonpublic School/Agency)

ALAMEDA UNIFIED SCHOOL DISTRICT/NORTH REGION  
SELPA

(Name of LEA/SELPA)

Alexandria Oleson

(Signature)

2/7/2024

(Date)

Kirsten Zazo

(Kirsten Zazo (Feb 7, 2024 14:45 PST))

(Signature)

02/07/2024

(Date)

Alexandria Oleson, Contracts Administrator

(Name and Title)

Kirsten Zazo, Assistant Superintendent of Ed Services

(Signature)

President, Board of Education  
Alameda Unified School District

(Date)

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