

INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL OR NONPUBLIC AGENCY SERVICES

(Education Code Sections 56365 et seq.)

This agreement is effective 07/01/25 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 6/30/26, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency Redwood city school district Nonpublic School /Agency AchieveKids

LEA Case Manager: Name _____ Phone Number _____

Pupil Name _____ Sex: M F Grade: _____
(Last) (First) (M.I.)

Address _____ City _____ State/Zip _____

DOB _____ Residential Setting: Home Foster LCI # _____ OTHER _____

Parent/Guardian _____ Phone _____

Address _____ (Residence) City _____ (Business) 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: 199 during the regular school year
19 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: \$399.10
 - Estimated Number of Days 218 x Daily Rate \$ 399.10 = PROJECTED BASIC EDUCATION COSTS \$87,003.80**

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 c. consult		x		b. 30min/wk c. 60min/mo.	\$55.00/1/2hr \$110.00/1/2hr	45 12	\$2475.00 \$2640.00
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) (a) individual (b) Consult		x		a. 60min/wk b. 30min/mo.	\$110.00/1/2hr \$110.00/1/2hr	45 45	\$9900.00 \$1320.00
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515). Group							
Parent Counseling (520) consult							

Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)		X		Weekly	\$208.00 / Wk	45	\$9360.00
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 (State Meal Mandate costs)							
Transportation		x			\$141.00/day	218 DAYS	\$30,738.00
Breakfast/Lunch		x			\$10.34/day	218 DAYS	\$2254.12
Other							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 58,687.12

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 145,690.92

4. Other Provisions/Attachments:

Meal mandate \$10.34 per day for breakfast and lunch

Per SELPA approved contract for 2025-2026, daily tuition will bills for a maximum of 8 students absences per semester, 3 of which can be unexcused absences

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-

-LOCAL EDUCATION AGENCY -

AchieveKids

(Name of Nonpublic School/Agency)

Redwood City School District

(Name of LEA)

Tom Drechsler 25/08/2025
Tom Drechsler (Aug 25, 2025 14:24:20 PDT)

Tom Drechsler, Director of Education

(Name and Title)

(Signature) (Date)
John R. Baker, Ed.D, Superintendent

(Name of Superintendent or Authorized Designee)

RE

Rick Edson, Chief Business Official Date

INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL OR NONPUBLIC AGENCY SERVICES

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This agreement is effective 7/1/2025 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 7/25/2025, unless sooner terminated as provided in the Master Contract and by applicable law.

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Pupil Name _____ Sex: M F Grade: _____
(Last) (First) (M.I.)

Address _____ City _____ State/Zip _____

DOB _____ Residential Setting: Home Foster LCI # _____ OTHER _____

Parent/Guardian _____ Phone _____

Address _____ (Residence) City _____ (Business) State/Zip _____
(If different from student) Same as above

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: 203 during the regular school year
14 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: \$399.10
 - Estimated Number of Days** 18 **x Daily Rate \$** 399.10 = **PROJECTED BASIC EDUCATION COSTS** \$7183.80

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 c. consult	x			a. 30 min/wk b. 30min/wk c. 30min/mo.	\$110.00/1/2hr \$55.00/1/2hr \$110.00/1/2hr	4 4 1	\$440.00 \$220.00 \$110.00
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) (a) individual (b) Consult	x			a. 60min/wk b. 30min/mo.	\$110.00/1/2hr \$110.00/1/2hr	4 1	\$880.00 \$110.00
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515). Group							
Parent Counseling (520) consult							

Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)		X		Weekly	\$208.00 / Wk	4	\$832.00
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 (State Meal Mandate costs)							
Transportation		x			\$141.00/day	18days	\$2538.00
Breakfast/Lunch		x			\$10.34day	18days	\$186.12
Other							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 5316.12

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 12,499.92

Meal mandate \$10.34 per day for breakfast and lunch

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Binder1

Final Audit Report

2025-08-25

Created:	2025-08-25
By:	julia ha (jha@achievekids.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA7Ltcfj_jsRG0_6nWCY37ogL2ZLIJLIb7

"Binder1" History

-  Document created by julia ha (jha@achievekids.org)
2025-08-25 - 8:23:19 PM GMT
-  Document emailed to Tom Drechsler (tdrechsler@achievekids.org) for signature
2025-08-25 - 8:23:24 PM GMT
-  Email viewed by Tom Drechsler (tdrechsler@achievekids.org)
2025-08-25 - 9:23:13 PM GMT
-  Document e-signed by Tom Drechsler (tdrechsler@achievekids.org)
Signature Date: 2025-08-25 - 9:24:20 PM GMT - Time Source: server
-  Agreement completed.
2025-08-25 - 9:24:20 PM GMT

Audit trail

Details

FILE NAME Achieve Kids 25.26 board 10.8.25.pdf - 10/1/25, 8:46 AM

STATUS ● Signed

STATUS TIMESTAMP
2025/10/01
15:50:40 UTC

Activity



SENT

oacosta@rcsdk8.net **sent** a signature request to:
• Rick Edson (redson@rcsdk8.net)

2025/10/01
15:46:51 UTC



SIGNED

Signed by Rick Edson (redson@rcsdk8.net)

2025/10/01
15:50:40 UTC



COMPLETED

This document has been signed by **all** signers and is **complete**

2025/10/01
15:50:40 UTC

The email address indicated above for each signer may be associated with a Google account, and may either be the primary email address or secondary email address associated with that account.