

- Student Learning and Achievement
- Health and Safety of Students and Schools
- Credibility and Communication
- Fiscal Solvency, Accountability and Integrity

- Consent
- Action/Discussion
- Information/Discussion
- Public Hearing

SUBJECT: Contract with Chartwell School, Non-Public School

DATE: September 7, 2023

PERSON(S) RESPONSIBLE: Yolanda Cork-Anthony, Director of Student Services

RECOMMENDATION:

The District Administration recommends the Board approve the Individual Service Agreement (ISA) with Chartwell School, Non- Public School for tuition and services according to a settlement agreement.

BACKGROUND:

The Monterey County Special Education Local Plan Area (SELPA) holds the Master Contract with Chartwell for all county districts that may require placement of a student.

The Master Contract specifies the general administrative, financial, and statutory agreements between the NPS or NPA and the responsible educational agency. The Monterey County SELPA Executive Director has been authorized to enter into master contracts with NPSs and NPAs that are used by multiple LEAs within the SELPA.

Following execution of a master contract, an individual services agreement (ISA) must be developed, executed, and implemented by the responsible LEA (Chartwell) that outlines the specific special education and related services that will be provided to the individual student.

INFORMATION:

As per the settlement agreement, the district will pay tuition and services for the regular 2023-2024 school year only. As per the Master Contract, Chartwell School will issue an Individual Service Agreement (ISA) detailing cost of tuition and services for the 23/24 school year. The District shall make payment to Chartwell within thirty (30) days of receipt of invoices.

FISCAL IMPACT:

\$45650 - \$4738.89 (direct pay to parents)
Not to exceed \$40,911.11 General Fund 01, Resource 6500

EXHIBIT B: 2023-2024 ISA

INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 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 June 30, 2024, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency Pacific Grove Unified School District Nonpublic School Chartwell School
 LEA Case Manager: Name Yolanda Cork Anthony Phone Number 831 646 6523
 Pupil Name CONFIDENTIAL Sex: M F Grade: _____
 (Last) (First) (M.I.)
 Address CONFIDENTIAL City Pacific Grove State/Zip CA 93950
 DOB CONFIDENTIAL Residential Setting: Home Foster LCI # _____ OTHER _____
 Parent/Guardian CONFIDENTIAL 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
 _____ 0 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
 _____ 180 during the regular school year
 _____ 0 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: \$227.28
Estimated Number of Days 180 x **Daily Rate** 227.28 = **PROJECTED BASIC EDUCATION COSTS** not to exceed \$40911.11

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)							
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)							

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				
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.)							
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COSTS \$ Not to exceed \$40,911.11

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 40,911.11

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-

(Name of Nonpublic School/Agency)

(Name of LEA/SELPA)

(Signature) _____ (Date)

(Signature) _____ (Date)

(Name and Title)

(Name of Superintendent or Authorized Designee)