

**ATTACHMENT A  
INDIVIDUAL DESIGNATED SERVICE AGREEMENT**

<b>Agency</b>		Blue Oak Charter School		<b>Service Provider</b>		BCOE Special Education	
<b>Address</b>		450 W. East Ave.		<b>Address</b>		1859 Bird St	
<b>City, State Zip</b>		Chico, CA 95928		<b>City, State, Zip</b>		Oroville, CA 95965	
<b>LEA Case Manager</b>		Emily Smith		<b>Phone</b>	532-5637	<b>Fax</b>	532-5794
				<b>e-Mail</b>	kwinslow@bcoe.org		
<b>Student Last Name</b>		<b>Student First Name</b>		<b>Program Contact Name</b>		Kinsey Winslow	
				<b>Phone</b>	532-5637	<b>Fax</b>	532-5794
<b>D.O.B.</b>		<b>SSID#</b>		<b>e-Mail</b>	kwinslow@bcoe.org		
<b>Grade</b>		<b>Sex</b>		<b>Education Schedule – Regular School Year</b>			
<b>Parent/ Guardian Last Name</b>		<b>Parent/ Guardian First Name</b>		<b>Number of Days</b>		<b>Number of Weeks</b>	37
				<b>Education Schedule – Extended School Year</b>			
				<b>Number of Days</b>		<b>Number of Weeks</b>	
<b>Address</b>				<b>Contract Begins</b>	8/1/19	<b>Ends</b>	6/30/20
<b>City, State, Zip</b>							
<b>Home Phone</b>		<b>Cell Phone</b>					

**DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:**

Designated Services	Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Prep and Documentation	IEP Attendance 1x/year	Assessment 1x/year	Estimated Maximum Total Cost for Contracted Period
			Reg School Year	ESY				
1. Adapted P.E. a. Group b. Individual c. Assessment								
2. Behavior Intervention a. Consultation b. Direct c. Assessment								
3. Counseling a. Group b. Individual c. Family d. Assessment								
4. Deaf and Hard of Hearing a. Consultation b. Direct c. Assessment								
5. Intensive Academic Instruction								
6. Nursing								
7. Orthopedic Impairment a. Group b. Individual c. Assessment								

Designated Services continued	Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Prep and Documentation	IEP Attendance 1x/year	Assessment 1x/year	Estimated Maximum Total Cost for Contracted Period
			Reg School Year	ESY Year				
8. Speech/Language a. Group b. Individual c. Consultation d. Assessment								
9. Visual Impairment a. Group b. Individual c. Consultation d. Assessment								
10. Occupational Therapy a. Group b. Individual c. Consultation d. Assessment	45min	1/wk	28		Up to 5 Hours/month	Up to 2 hours/year	Up to 3 hours/year	Up to 76 hours @ \$108/hr = \$8,208
11. Other – Social Work Services/Case Management								

**BCOE REGIONAL PROGRAM PLACEMENT:**

<input type="checkbox"/> Access/ED	Placement Includes: Counseling & SAI	Estimated Cost:
<input type="checkbox"/> FOCUS/Mod-Severe	Placement Includes: SAI	Estimated Cost:
<input type="checkbox"/> DHH		Estimated Cost:

**ESTIMATED MAXIMUM RELATED SERVICES COST \$8,208**

-CHARTER-

-DISTRICT-

Blue Oak Charter School  
(Name of Agency)

BCOE  
(Name of School District)

(Signature)

(Date)

(Signature)

(Date)

Rachel Ceja, Director of Special Education & Assistant School Director  
(Name and Title)

Michelle Zevely, Assistant Superintendent, SPS  
(Name of Superintendent or Authorized Designee)

For BCOE Use: