

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

This agreement is effective on July 1, 2016 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, 2017, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency San Leandro Unified School District Nonpublic School Seneca Family of Agencies

LEA Case Manager: Name Marie Vangene Phone Number (510) 618-4400 x3796

Pupil Name _____ Sex: ☐ M ☒ F Grade: 12
(Last) (First) (M.I.)

Address _____ City San Leandro State/Zip CA 94578

DOB 2/26/1999 Residential Setting: ☒ Home ☐ Foster ☐ LCI # _____ ☐ OTHER _____

Parent/Guardian _____ Phone (510) _____ () _____
(Residence) (Business)

Address _____ City _____ State/Zip _____
(If different from student)

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: 240 during the regular school year
240 during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: 193 during the regular school year
25 during the extended school year
- Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. **INCLUSIVE EDUCATION PROGRAM:** (Applies to nonpublic schools only): Daily Rate: _____

Estimated Number of Days 186 x Daily Rate \$179.00 = **PROJECTED BASIC EDUCATION COSTS (A)** \$33,294.00

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)							

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				
Counseling and guidance (515).							
Parent Counseling (520)							
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)							
Other – Therapeutic Behavioral Coaching (TBC)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Professional Development							

ESTIMATED MAXIMUM RELATED SERVICES COST (C) \$ _____

D. SPECIALIZED EQUIPMENT/SUPPLIES _____ \$ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES
(A, C, & D) or (B, C, & D) \$ 33,294.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting _____ Quarterly _____ Monthly _____ Other _____
Requirements: _____ (Specify) _____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

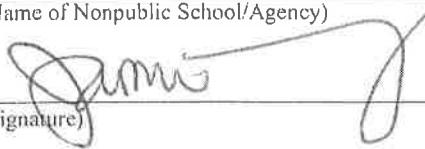
-DISTRICT-

Seneca Family of Agencies

San Leandro Unified School District

(Name of Nonpublic School/Agency)

(Name of School District)


(Signature)

NOV 11 2016

(Date)

(Signature)

(Date)

Jaime Tang, Controller

Mike McLaughlin, Ed.D., Superintendent

(Name and Title)

(Name of Superintendent or Authorized Designee)

INDIVIDUAL SERVICES AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL SERVICES
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Local Education Agency San Leandro Unified School District Nonpublic School Seneca Family of Agencies

LEA Case Manager: Name Marie Vangene Phone Number (510) 317-1444 x6332

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

Address _____ City San Leandro State/Zip CA 94577

DOB 09/17/08 Residential Setting: X 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: 218 during the regular school year
218 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 EDUCATION PROGRAM:** *(Applies to nonpublic schools only):* Daily Rate: 179.00/

Estimated Number of Days _____ **x Daily Rate** _____ **= PROJECTED BASIC EDUCATION COSTS (A)** _____

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)							

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				
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)							
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)							

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				
Other Transition Services (890)							
Other (900)J							
Compensator Education Services		X		12 hrs/yr	\$125/hr	12	1,500.00
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Professional Development							

ESTIMATED MAXIMUM RELATED SERVICES COST (C) \$ _____

D. SPECIALIZED EQUIPMENT/SUPPLIES _____ \$ _____

**TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES
(A, C, & D) or (B, C, & D)** \$ 1,500.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting _____ Quarterly _____ Monthly _____ Other
Requirements: _____ (Specify) _____

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-DISTRICT-

Seneca Family of Agencies

San Leandro Unified School District

Name of Nonpublic School/Agency

Name of School District

Signature

Date

Signature

Date

Jamie Tang, Controller

Name and Title

Name and Title



Non-Public, Non-Sectarian Agency Services

Amendment to Master Contract, 2016-2017

This document serves as an Addendum to the Master Contract for the 2016 – 2017 school year, currently signed between San Leandro Unified School District and Seneca Family of Agencies.

Both Seneca Family of Agencies and San Leandro Unified School District agree to modify the existing contract agreement to include the following service.

Addition to Rate Schedule:

- Compensatory Education Services offered at \$125/hr

All other conditions in the original contract dated 7/1/2016 will remain in effect as agreed unless Seneca Family of Agencies and/or the contracting LEA, San Leandro Unified School District both agree to make future change, which would require future addendums.

The parties hereto have executed this contract by and through their duly authorized agents or representatives.

CONTRACTOR

Non Public Agency: Seneca Family of Agencies

By: [Signature] Date: 11/16/16

Name and Title of Authorized Representative: JANET BRIGGS, CFO

LEA

San Leandro Unified School District

By: _____ Date: _____

Name and Title of Authorized Representative: _____