

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

This agreement is effective on July 1, 2015 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, 2016, unless sooner terminated as provided in the Master Contract and by applicable law.

<b>Local Education Agency(LEA)</b>	San Leandro Unified School District				<b>Nonpublic School/Agency</b>	Seneca Family of Agencies					
<b>Address</b>	14735 Juniper Street				<b>Address</b>	2275 Arlington Drive					
<b>City, State Zip</b>	San Leandro, CA 94579				<b>City, State, Zip</b>	San Leandro, CA 94578					
<b>LEA Case Manager</b>	Marie Vangene				<b>Phone</b>	(510) 317-1444 x6332		<b>Fax</b>	(510) 317-1443		
<b>Student Last Name</b>			<b>Student First Name</b>			<b>Program Contact Name</b>	Esli Garcia				
<b>D.O.B.</b>	09/15/01		<b>I.D. #</b>			<b>Phone</b>	(510) 300-6331		<b>Fax</b>		
<b>Grade</b>		<b>Level</b>		<b>Sex</b>	(X) M ( ) F	<b>e-Mail</b>	Esli_garcia@senecacenter.org				
<b>Parent/Guardian Name</b>					<b>Education Schedule – Regular School Year</b>	<b>Number of Days</b>		<b>Number of Weeks</b>			
<b>Address</b>					<b>Education Schedule – Extended School Year</b>	<b>Number of Days</b>		<b>Number of Weeks</b>			
<b>City, State, Zip</b>	San Leandro, CA 94578				<b>Contract Begins</b>	July 1, 2015		<b>Ends</b>	June 30, 2016		
<b>Home Phone</b>			<b>Business</b>			<b>Master Contract Approved by the Governing Board on</b>					

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

<u>SERVICES</u>	<u>PROVIDER</u>				<b>Cost and Duration of Session</b>	<b>Number of Sessions per wk/mo/yr</b>	<b>Maximum Number of Sessions</b>		<b>Estimated Maximum Total Cost for Contracted Period</b>
	<u>LEA</u>	<u>NPS</u>	<u>NPA</u>	<b>OTHER Specify</b>			<b>Reg School Year</b>	<b>ESY</b>	
<b>A. BASIC EDUCATION</b>		X			165.00/day	1 /day			35,970.00
<b>B. RELATED SERVICES</b>									
1. Transportation a. Paid to NPS/A b. Reimburse parent					/daily				
2. Counseling a. Group b. Individual c. Family									
3. Adapted P.E. a. Group of ____ b. Individual									
4. Speech/Language a. Group of ____ b. Individual c. Consultation		X			60 mins/wk for 46 wks/weekl y				4,158.40
5. SCIA a. Individual b. Group of ____									

B. RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	L	N	N	OTHER Specify			Reg School Year	ESY	
	E	P	P						
6. Intensive Academic Instruction									
7. Occupational Therapy a. Group of _____ b. Individual c. Consultation									
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing									
11. Other - Mental Health					Mental Health Service \$2.74/minute Case Management Service \$2.02/minute Medication Support \$4.82/minute Crisis Intervention \$3.88/minute				
						<b>TOTAL COST</b>		<b>\$40,128.40</b>	

ESTIMATED MAXIMUM RELATED SERVICES COST \$ \_\_\_\_\_

SPECIALIZED EQUIPMENT/SUPPLIES \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 40,128.40**

4. Other Provisions/Attachments: \_\_\_\_\_

5. Progress Reporting Requirements: \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_ Other (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.

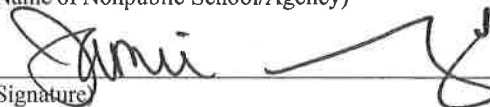
-CONTRACTOR-

-DISTRICT-

Seneca Family of Agencies

(Name of Nonpublic School/Agency)

(Name of School District)

 JUL 17 2015

(Signature)

(Date)

(Signature)

(Date)

Jamie Tang, Controller

(Name and Title)

(Name of Superintendent or Authorized Designee)

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

This agreement is effective on June 22, 2015 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, 2016, unless sooner terminated as provided in the Master Contract and by applicable law.

<b>Local Education Agency(LEA)</b>		San Leandro Unified School District		<b>Nonpublic School/Agency</b>		Seneca Family of Agencies	
<b>Address</b>		14735 Juniper Street		<b>Address</b>		2275 Arlington Drive	
<b>City, State Zip</b>		San Leandro, CA 94579		<b>City, State, Zip</b>		San Leandro, CA 94578	
<b>LEA Case Manager</b>		Marie Vangene		<b>Phone</b>	(510) 317-1444 x6332	<b>Fax</b>	(510) 317-1443
<b>Student Last Name</b>		<b>Student First Name</b>		<b>Program Contact Name</b>		Eslí Garcia	
<b>D.O.B.</b>		09/12/99	<b>I.D. #</b>	<b>Phone</b>	(510) 300-6331	<b>Fax</b>	
<b>Grade</b>	<b>Level</b>	<b>Sex</b>	( ) M (X) F	<b>Education Schedule – Regular School Year</b>			
<b>Parent/Guardian Name</b>				<b>Number of Days</b>		<b>Number of Weeks</b>	
<b>Address</b>				<b>Education Schedule – Extended School Year</b>			
<b>City, State, Zip</b>		San Leandro, CA 94577		<b>Number of Days</b>		<b>Number of Weeks</b>	
<b>Home Phone</b>		<b>Business</b>		<b>Contract Begins</b>		June 22, 2015	<b>Ends</b>
				<b>Master Contract Approved by the Governing Board on</b>		June 30, 2015	

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

<u>SERVICES</u>	<u>PROVIDER</u>				<b>Cost and Duration of Session</b>	<b>Number of Sessions per wk/mo/yr</b>	<b>Maximum Number of Sessions</b>		<b>Estimated Maximum Total Cost for Contracted Period</b>
	<u>LEA</u>	<u>NPS</u>	<u>NPA</u>	<u>OTHER</u> Specify			Reg School Year	ESY	
<b>A. BASIC EDUCATION</b>									
<b>B. RELATED SERVICES</b>									
1. Transportation a. Paid to NPS/A b. Reimburse parent									
2. Counseling a. Group b. Individual c. Family									
3. Adapted P.E. a. Group of _____ b. Individual									
4. Speech/Language a. Group of _____ b. Individual c. Consultation									
5. SCIA a. Individual b. Group of _____									

B. RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	L	N	N	OTHER			Reg School Year	ESY	
	E	P	P	Specify					
6. Intensive Academic Instruction									
7. Occupational Therapy a. Group of _____ b. Individual c. Consultation									
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing									
11. Other		X		One-to-One Aide	\$84.30 per day	4 days per week		\$505.80	
						<b>TOTAL COST</b>		<b>\$505.80</b>	

ESTIMATED MAXIMUM RELATED SERVICES COST \$ \_\_\_\_\_

SPECIALIZED EQUIPMENT/SUPPLIES \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 505.80**

4. Other Provisions/Attachments: \_\_\_\_\_

5. Progress Reporting Requirements: \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

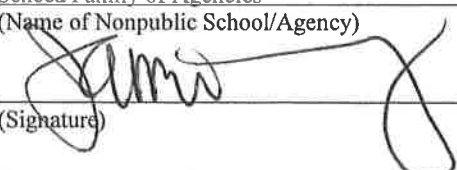
The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-DISTRICT-

Seneca Family of Agencies  
(Name of Nonpublic School/Agency)

\_\_\_\_\_  
(Name of School District)

  
(Signature)

**JUL 09 2015**  
(Date)

\_\_\_\_\_  
(Signature) (Date)

Jamie Tang, Controller  
(Name and Title)

\_\_\_\_\_  
(Name of Superintendent or Authorized Designee)

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

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<b>Local Education Agency(LEA)</b>		San Leandro Unified School District		<b>Nonpublic School/Agency</b>		Seneca Family of Agencies	
<b>Address</b>		14735 Juniper Street		<b>Address</b>		2275 Arlington Drive	
<b>City, State Zip</b>		San Leandro, CA 94579		<b>City, State, Zip</b>		San Leandro, CA 94578	
<b>LEA Case Manager</b>		Marie Vangene		<b>Phone</b>	(510) 317-1444 x6332	<b>Fax</b>	(510) 317-1443
<b>Student Last Name</b>		<b>Student First Name</b>		<b>Program Contact Name</b>		Esli Garcia	
<b>D.O.B.</b>		09/12/99		<b>Phone</b>	(510) 300-6331	<b>Fax</b>	
<b>Grade</b>		<b>Level</b>	<b>Sex</b>	<b>e-Mail</b>		Esli_garcia@senecacenter.org	
<b>Parent/Guardian Name</b>				<b>Education Schedule – Regular School Year</b>			
<b>Address</b>				<b>Number of Days</b>		<b>Number of Weeks</b>	
<b>City, State, Zip</b>		San Leandro, CA 94577		<b>Education Schedule – Extended School Year</b>			
<b>Home Phone</b>		<b>Business</b>		<b>Number of Days</b>		<b>Number of Weeks</b>	
				<b>Contract Begins</b>		July 1, 2015	<b>Ends</b>
							June 30, 2016
				<b>Master Contract Approved by the Governing Board on</b>			

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

<u>SERVICES</u>	<u>PROVIDER</u>				<b>Cost and Duration of Session</b>	<b>Number of Sessions per wk/mo/yr</b>	<b>Maximum Number of Sessions</b>		<b>Estimated Maximum Total Cost for Contracted Period</b>
	<u>LEA</u>	<u>NPS</u>	<u>NPA</u>	<b>OTHER Specify</b>			<b>Reg. School Year</b>	<b>ESY</b>	
<b>A. BASIC EDUCATION</b>		X			165.00/day	1 /day			35,970.00
<b>B. RELATED SERVICES</b>									
1. Transportation a. Paid to NPS/A b. Reimburse parent					/daily				
2. Counseling a. Group b. Individual c. Family									
3. Adapted P.E. a. Group of ____ b. Individual									
4. Speech/Language a. Group of ____ b. Individual c. Consultation					/weekly				
5. SCIA a. Individual b. Group of ____									

B. RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	L	N	N	OTHER Specify			Reg School Year	ESY	
	E	P	P						
6. Intensive Academic Instruction									
7. Occupational Therapy a. Group of _____ b. Individual c. Consultation									
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing									
11. Other – Additional Adult Assistance (One-on-One Aide)		X			\$84.30 Per Day	Daily for 8 months		\$11,296.20	
<b>TOTAL COST</b>								<b>\$47,266.20</b>	

**ESTIMATED MAXIMUM RELATED SERVICES COST \$** \_\_\_\_\_

SPECIALIZED EQUIPMENT/SUPPLIES \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 47,266.20**

4. Other Provisions/Attachments: \_\_\_\_\_

5. Progress Reporting Requirements: \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

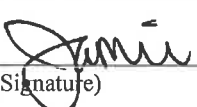
The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-DISTRICT-

Seneca Family of Agencies  
(Name of Nonpublic School/Agency)

\_\_\_\_\_  
(Name of School District)

  
(Signature)

**JUL 17 2015**

(Date)

(Signature)

(Date)

Jamie Tang, Controller  
(Name and Title)

\_\_\_\_\_  
(Name of Superintendent or Authorized Designee)

AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES  
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<b>Local Education Agency (LEA)</b>		San Leandro Unified School District		<b>Nonpublic School/Agency</b>		Seneca Family of Agencies	
<b>Address</b>		14735 Juniper Street		<b>Address</b>		2275 Arlington Drive	
<b>City, State Zip</b>		San Leandro, CA 94579		<b>City, State, Zip</b>		San Leandro, CA 94578	
<b>LEA Case Manager</b>		Marie Vangene		<b>Phone</b>	(510) 317-1444 x6332	<b>Fax</b>	(510) 317-1443
<b>Student Last Name</b>		<b>Student First Name</b>		<b>Program Contact Name</b>		Esli Garcia	
<b>D.O.B.</b>		09/28/04		<b>Phone</b>	(510) 300-6331	<b>Fax</b>	
<b>Grade</b>		<b>Level</b>	<b>Sex</b>	<b>e-Mail</b>		Esli_garcia@senecacenter.org	
			(X) M ( ) F	<b>Education Schedule – Regular School Year</b>			
<b>Parent/Guardian Name</b>				<b>Number of Days</b>		<b>Number of Weeks</b>	
				<b>Education Schedule – Extended School Year</b>			
				<b>Number of Days</b>		<b>Number of Weeks</b>	
<b>Address</b>				<b>Contract Begins</b>		July 1, 2015	<b>Ends</b>
<b>City, State, Zip</b>		San Leandro, CA 94577-2825				June 30, 2016	
<b>Home Phone</b>	(	<b>Business</b>		<b>Master Contract Approved by the Governing Board on</b>			

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

<u>SERVICES</u>	<u>PROVIDER</u>				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	<u>LEA</u>	<u>NPS</u>	<u>NPA</u>	<u>OTHER</u> Specify			Reg School Year	ESY	
<b>A. BASIC EDUCATION</b>		X			165.00/day	1 /day			35,970.00
<b>B. RELATED SERVICES</b>									
1. Transportation a. Paid to NPS/A b. Reimburse parent					/daily				
2. Counseling a. Group b. Individual c. Family									
3. Adapted P.E. a. Group of ____ b. Individual									
4. Speech/Language a. Group of ____ b. Individual c. Consultation					/weekly				
5. SCIA a. Individual b. Group of ____									

B. RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	L	N	N	OTHER Specify			Reg School Year	ESY	
	E	P	P						
6. Intensive Academic Instruction									
7. Occupational Therapy a. Group of _____ b. Individual c. Consultation									
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing									
11. Other - Mental Health					Mental Health Service \$2.74/minute Case Management Service \$2.02/minute Medication Support \$4.82/minute Crisis Intervention \$3.88/minute				
<b>TOTAL COST</b>									<b>\$35,970.00</b>

**ESTIMATED MAXIMUM RELATED SERVICES COST \$** \_\_\_\_\_

SPECIALIZED EQUIPMENT/SUPPLIES \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES** \$ **35,970.00**

4. Other Provisions/Attachments: \_\_\_\_\_

5. Progress Reporting Requirements: \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

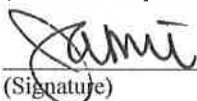
The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-DISTRICT-

Seneca Family of Agencies

(Name of Nonpublic School/Agency)



(Signature)

**JUL 17 2015**

(Date)

(Name of School District)

(Signature)

(Date)

Jamie Tang, Controller

(Name and Title)

(Name of Superintendent or Authorized Designee)

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

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<b>Local Education Agency (LEA)</b>		San Leandro Unified School District		<b>Nonpublic School/Agency</b>		Seneca Family of Agencies	
<b>Address</b>		14735 Juniper Street		<b>Address</b>		2275 Arlington Drive	
<b>City, State Zip</b>		San Leandro, CA 94579		<b>City, State, Zip</b>		San Leandro, CA 94578	
<b>LEA Case Manager</b>		Marie Vangene		<b>Phone</b>	(510) 317-1444 x6332	<b>Fax</b>	(510) 317-1443
<b>Student Last Name</b>		<b>Student First Name</b>		<b>Program Contact Name</b>		Esli Garcia	
<b>D.O.B.</b>		04/30/07		<b>Phone</b>	(510) 300-6331	<b>Fax</b>	
<b>Grade</b>		<b>Level</b>	<b>Sex</b>	<b>e-Mail</b>		Esli_garcia@senecacenter.org	
<b>Parent/Guardian Name</b>				<b>Education Schedule – Regular School Year</b>			
<b>Address</b>				<b>Number of Days</b>		<b>Number of Weeks</b>	
<b>City, State, Zip</b>		San Leandro, CA 94577		<b>Education Schedule – Extended School Year</b>			
<b>Home Phone</b>		<b>Business</b>		<b>Number of Days</b>		<b>Number of Weeks</b>	
<b>Contract Begins</b>		July 1, 2015		<b>Ends</b>	June 30, 2016		
<b>Master Contract Approved by the Governing Board on</b>							

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

<u>SERVICES</u>	<u>PROVIDER</u>				<b>Cost and Duration of Session</b>	<b>Number of Sessions per wk/mo/yr</b>	<b>Maximum Number of Sessions</b>		<b>Estimated Maximum Total Cost for Contracted Period</b>
	<u>LEA</u>	<u>NPS</u>	<u>NPA</u>	<u>OTHER Specify</u>			<b>Reg School Year</b>	<b>ESY</b>	
<b>A. BASIC EDUCATION</b>		X			165.00/day	1 /day			35,970.00
<b>B. RELATED SERVICES</b>									
1. Transportation a. Paid to NPS/A b. Reimburse parent					/daily				
2. Counseling a. Group b. Individual c. Family									
3. Adapted P.E. a. Group of ____ b. Individual									
4. Speech/Language a. Group of ____ b. Individual c. Consultation		X			30 mins/wk for 46 wks/weekl y				2,079.20
5. SCIA a. Individual b. Group of ____									

B. RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	L	N	N	OTHER Specify			Reg School Year	ESY	
	E	P	P						
6. Intensive Academic Instruction									
7. Occupational Therapy a. Group of _____ b. Individual c. Consultation									
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing									
11. Other - Mental Health					Mental Health Service \$2.74/minute Case Management Service \$2.02/minute Medication Support \$4.82/minute Crisis Intervention \$3.88/minute				
						<b>TOTAL COST</b>		<b>\$38,049.20</b>	

**ESTIMATED MAXIMUM RELATED SERVICES COST \$** \_\_\_\_\_

SPECIALIZED EQUIPMENT/SUPPLIES \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 38,049.20**

4. Other Provisions/Attachments: \_\_\_\_\_

5. Progress Reporting Requirements: \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

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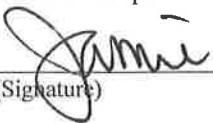
-CONTRACTOR-

-DISTRICT-

Seneca Family of Agencies  
(Name of Nonpublic School/Agency)

\_\_\_\_\_  
(Name of School District)

**JUL 17 2015**

  
(Signature)

(Date)

(Signature)

(Date)

Jamie Tang, Controller  
(Name and Title)

\_\_\_\_\_  
(Name of Superintendent or Authorized Designee)

AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES  
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<b>Address</b>		14735 Juniper Street		<b>Address</b>		2275 Arlington Drive	
<b>City, State Zip</b>		San Leandro, CA 94579		<b>City, State, Zip</b>		San Leandro, CA 94578	
<b>LEA Case Manager</b>		Marie Vangene		<b>Phone</b>	(510) 317-1444 x6332	<b>Fax</b>	(510) 317-1443
<b>Student Last Name</b>		<b>r</b>	<b>Student First Name</b>	<b>Program Contact Name</b>		Esli Garcia	
<b>D.O.B.</b>		12/09/98	<b>I.D. #</b>	<b>Phone</b>	(510) 300-6331	<b>Fax</b>	
<b>Grade</b>	<b>Level</b>		<b>Sex</b>	<b>e-Mail</b>	Esli_garcia@senecacenter.org		
<b>Parent/Guardian Name</b>			<b>( ) M (X) F</b>	<b>Education Schedule – Regular School Year</b>			
				<b>Number of Days</b>		<b>Number of Weeks</b>	
				<b>Education Schedule – Extended School Year</b>			
				<b>Number of Days</b>		<b>Number of Weeks</b>	
<b>Address</b>				<b>Contract Begins</b>	July 1, 2015	<b>Ends</b>	June 30, 2016
<b>City, State, Zip</b>		San Leandro, CA 94577-1621		<b>Master Contract Approved by the Governing Board on</b>			
<b>Home Phone</b>		<b>Business</b>					

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

<b>SERVICES</b>	<b>PROVIDER</b>				<b>Cost and Duration of Session</b>	<b>Number of Sessions per wk/mo/yr</b>	<b>Maximum Number of Sessions</b>		<b>Estimated Maximum Total Cost for Contracted Period</b>
	<b>LEA</b>	<b>NPS</b>	<b>NPA</b>	<b>OTHER Specify</b>			<b>Reg School Year</b>	<b>ESY</b>	
<b>A. BASIC EDUCATION</b>		X			165.00/day	1 /day			35,970.00
<b>B. RELATED SERVICES</b>									
1. Transportation a. Paid to NPS/A b. Reimburse parent					/daily				
2. Counseling a. Group b. Individual c. Family									
3. Adapted P.E. a. Group of _____ b. Individual									
4. Speech/Language a. Group of _____ b. Individual c. Consultation					/weekly				
5. SCIA a. Individual b. Group of _____									

B. RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	L	N	N	OTHER Specify			Reg School Year	ESY	
	E	P	P						
6. Intensive Academic Instruction									
7. Occupational Therapy a. Group of _____ b. Individual c. Consultation									
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing									
11. Other - Mental Health					Mental Health Service \$2.74/minute Case Management Service \$2.02/minute Medication Support \$4.82/minute Crisis Intervention \$3.88/minute				
<b>TOTAL COST</b>									<b>\$35,970.00</b>

**ESTIMATED MAXIMUM RELATED SERVICES COST \$** \_\_\_\_\_

SPECIALIZED EQUIPMENT/SUPPLIES \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 35,970.00**

4. Other Provisions/Attachments: \_\_\_\_\_

5. Progress Reporting Requirements: \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_ Other (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  
(Name of Nonpublic School/Agency)

\_\_\_\_\_  
(Name of School District)

  
(Signature)

JUL 17 2015

(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Jamie Tang, Controller  
(Name and Title)

\_\_\_\_\_  
(Name of Superintendent or Authorized Designee)

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

This agreement is effective on July 1, 2015 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, 2016, unless sooner terminated as provided in the Master Contract and by applicable law.

<b>Local Education Agency (LEA)</b>		San Leandro Unified School District		<b>Nonpublic School/Agency</b>		Seneca Family of Agencies	
<b>Address</b>		14735 Juniper Street		<b>Address</b>		2275 Arlington Drive	
<b>City, State Zip</b>		San Leandro, CA 94579		<b>City, State, Zip</b>		San Leandro, CA 94578	
<b>LEA Case Manager</b>		Marie Vangene		<b>Phone</b>	(510) 317-1444 x6332	<b>Fax</b>	(510) 317-1443
<b>Student Last Name</b>		<b>Student First Name</b>		<b>Program Contact Name</b>		Esli Garcia	
<b>D.O.B.</b>		10/24/97		<b>Phone</b>	(510) 300-6331	<b>Fax</b>	
<b>Grade</b>		<b>Level</b>	<b>Sex</b>	<b>e-Mail</b>		Esli_garcia@senecacenter.org	
			(X) M ( ) F	<b>Education Schedule – Regular School Year</b>			
<b>Parent/Guardian Name</b>				<b>Number of Days</b>		<b>Number of Weeks</b>	
				<b>Education Schedule – Extended School Year</b>			
				<b>Number of Days</b>		<b>Number of Weeks</b>	
<b>Address</b>				<b>Contract Begins</b>		July 1, 2015	<b>Ends</b>
<b>City, State, Zip</b>		San Leandro, CA 94577				June 30, 2016	
<b>Home Phone</b>		<b>Business</b>		<b>Master Contract Approved by the Governing Board on</b>			

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

<u>SERVICES</u>	<u>PROVIDER</u>				<b>Cost and Duration of Session</b>	<b>Number of Sessions per wk/mo/yr</b>	<b>Maximum Number of Sessions</b>		<b>Estimated Maximum Total Cost for Contracted Period</b>
	<u>LEA</u>	<u>NPS</u>	<u>NPA</u>	<b>OTHER Specify</b>			<b>Reg School Year</b>	<b>ESY</b>	
<b>A. BASIC EDUCATION</b>		X			165.00/day	1 /day			35,970.00
<b>B. RELATED SERVICES</b>									
1. Transportation a. Paid to NPS/A b. Reimburse parent					/daily				
2. Counseling a. Group b. Individual c. Family									
3. Adapted P.E. a. Group of _____ b. Individual									
4. Speech/Language a. Group of _____ b. Individual c. Consultation					/weekly				
5. SCIA a. Individual b. Group of _____									

B. RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	L	N	N	OTHER			Reg School Year	ESY	
	E	P	P	Specify					
6. Intensive Academic Instruction									
7. Occupational Therapy a. Group of _____ b. Individual c. Consultation									
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing									
11. Other - Mental Health					Mental Health Service \$2.74/minute Case Management Service \$2.02/minute Medication Support \$4.82/minute Crisis Intervention \$3.88/minute				
						<b>TOTAL COST</b>		<b>\$35,970.00</b>	

ESTIMATED MAXIMUM RELATED SERVICES COST \$ \_\_\_\_\_

SPECIALIZED EQUIPMENT/SUPPLIES \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 35,970.00**

4. Other Provisions/Attachments: \_\_\_\_\_

5. Progress Reporting Requirements: \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_ Other (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  
(Name of Nonpublic School/Agency)

\_\_\_\_\_  
(Name of School District)

 JUL 17 2015  
(Signature) (Date)

\_\_\_\_\_  
(Signature) (Date)

Jamie Tang, Controller  
(Name and Title)

\_\_\_\_\_  
(Name of Superintendent or Authorized Designee)

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

This agreement is effective on July 1, 2015 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, 2016, unless sooner terminated as provided in the Master Contract and by applicable law.

<b>Local Education Agency(LEA)</b>	San Leandro Unified School District			<b>Nonpublic School/Agency</b>	Seneca Family of Agencies								
<b>Address</b>	14735 Juniper Street			<b>Address</b>	2275 Arlington Drive								
<b>City, State Zip</b>	San Leandro, CA 94579			<b>City, State, Zip</b>	San Leandro, CA 94578								
<b>LEA Case Manager</b>	Marie Vangene			<b>Phone</b>	(510) 317-1444 x6332	<b>Fax</b>	(510) 317-1443						
				<b>e-Mail</b>									
<b>Student Last Name</b>			<b>Student First Name</b>			<b>Program Contact Name</b>		Esli Garcia					
						<b>Phone</b>	(510) 300-6331	<b>Fax</b>					
<b>D.O.B.</b>	10/18/01		<b>I.D. #</b>			<b>e-Mail</b>			Esli_garcia@senecacenter.org				
<b>Grade</b>		<b>Level</b>		<b>Sex</b>	(X) M ( ) F	<b>Education Schedule – Regular School Year</b>							
<b>Parent/ Guardian Name</b>						<b>Number of Days</b>				<b>Number of Weeks</b>			
						<b>Education Schedule – Extended School Year</b>							
<b>Address</b>						<b>Number of Days</b>				<b>Number of Weeks</b>			
						<b>Contract Begins</b>		July 1, 2015		<b>Ends</b>		June 30, 2016	
<b>City, State, Zip</b>	San Leandro, CA 94577					<b>Master Contract Approved by the Governing Board on</b>							
<b>Home Phone</b>			<b>Business</b>										

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

<b>SERVICES</b>	<b>PROVIDER</b>				<b>Cost and Duration of Session</b>	<b>Number of Sessions per wk/mo/yr</b>	<b>Maximum Number of Sessions</b>		<b>Estimated Maximum Total Cost for Contracted Period</b>
	<b>LEA</b>	<b>NPS</b>	<b>NPA</b>	<b>OTHER Specify</b>			<b>Reg School Year</b>	<b>ESY</b>	
<b>A. BASIC EDUCATION</b>		X			165.00/day	1/day			35,970.00
<b>B. RELATED SERVICES</b>									
1. Transportation a. Paid to NPS/A b. Reimburse parent					/daily				
2. Counseling a. Group b. Individual c. Family									
3. Adapted P.E. a. Group of _____ b. Individual									
4. Speech/Language a. Group of _____ b. Individual c. Consultation		X			30 mins/wk for 46 wks/weekl y				2,079.20
5. SCIA a. Individual b. Group of _____									

B. RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	L	N	N	OTHER Specify			Reg School Year	ESY	
	E	P	P						
6. Intensive Academic Instruction									
7. Occupational Therapy a. Group of _____ b. Individual c. Consultation									
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing									
11. Other - Mental Health					Mental Health Service \$2.74/minute Case Management Service \$2.02/minute Medication Support \$4.82/minute Crisis Intervention \$3.88/minute				
						<b>TOTAL COST</b>			<b>\$38,049.20</b>

ESTIMATED MAXIMUM RELATED SERVICES COST \$ \_\_\_\_\_

SPECIALIZED EQUIPMENT/SUPPLIES \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 38,049.20**

4. Other Provisions/Attachments: \_\_\_\_\_  
\_\_\_\_\_

5. Progress Reporting Requirements: \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

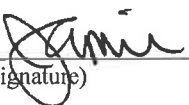
The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-DISTRICT-

Seneca Family of Agencies  
(Name of Nonpublic School/Agency)

\_\_\_\_\_  
(Name of School District)

  
(Signature) \_\_\_\_\_

 JUL 17 2015  
(Signature) \_\_\_\_\_

Jamie Tang, Controller  
(Name and Title)

\_\_\_\_\_  
(Name of Superintendent or Authorized Designee)

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

This agreement is effective on July 1, 2015 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, 2016, unless sooner terminated as provided in the Master Contract and by applicable law.

<b>Local Education Agency(LEA)</b>		San Leandro Unified School District		<b>Nonpublic School/Agency</b>		Seneca Family of Agencies	
<b>Address</b>		14735 Juniper Street		<b>Address</b>		2275 Arlington Drive	
<b>City, State Zip</b>		San Leandro, CA 94579		<b>City, State, Zip</b>		San Leandro, CA 94578	
<b>LEA Case Manager</b>		Marie Vangene		<b>Phone</b>	(510) 317-1444 x6332	<b>Fax</b>	(510) 317-1443
<b>Student Last Name</b>		<b>Student First Name</b>		<b>Program Contact Name</b>		Esli Garcia	
<b>D.O.B.</b>		01/22/01		<b>Phone</b>	(510) 300-6331	<b>Fax</b>	
<b>Grade</b>		<b>Level</b>	<b>Sex</b>	<b>e-Mail</b>		Esli_garcia@senecacenter.org	
<b>Parent/Guardian Name</b>				<b>Education Schedule – Regular School Year</b>			
<b>Address</b>				<b>Number of Days</b>		<b>Number of Weeks</b>	
<b>City, State, Zip</b>		San Leandro, CA 94578-3231		<b>Education Schedule – Extended School Year</b>			
<b>Home Phone</b>		<b>Business</b>		<b>Number of Days</b>		<b>Number of Weeks</b>	
				<b>Contract Begins</b>		July 1, 2015	<b>Ends</b>
							June 30, 2016
				<b>Master Contract Approved by the Governing Board on</b>			

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

<u>SERVICES</u>	<u>PROVIDER</u>				<b>Cost and Duration of Session</b>	<b>Number of Sessions per wk/mo/yr</b>	<b>Maximum Number of Sessions</b>		<b>Estimated Maximum Total Cost for Contracted Period</b>
	<u>LEA</u>	<u>NPS</u>	<u>NPA</u>	<b>OTHER Specify</b>			<b>Reg School Year</b>	<b>ESY</b>	
<b>A. BASIC EDUCATION</b>		X			165.00/day	1 /day			35,970.00
<b>B. RELATED SERVICES</b>									
1. Transportation a. Paid to NPS/A b. Reimburse parent					/daily				
2. Counseling a. Group b. Individual c. Family									
3. Adapted P.E. a. Group of _____ b. Individual									
4. Speech/Language a. Group of _____ b. Individual c. Consultation					/weekly				
5. SCIA a. Individual b. Group of _____									

B. RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	L	N	N	OTHER			Reg School Year	ESY	
	E	P	P	Specify					
6. Intensive Academic Instruction									
7. Occupational Therapy a. Group of _____ b. Individual c. Consultation									
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing									
11. Other - Mental Health					Mental Health Service \$2.74/minute Case Management Service \$2.02/minute Medication Support \$4.82/minute Crisis Intervention \$3.88/minute				
						<b>TOTAL COST</b>		<b>\$35,970.00</b>	

**ESTIMATED MAXIMUM RELATED SERVICES COST \$** \_\_\_\_\_

SPECIALIZED EQUIPMENT/SUPPLIES \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 35,970.00**

4. Other Provisions/Attachments: \_\_\_\_\_

5. Progress Reporting Requirements: \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_ Other (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-

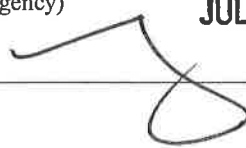
-DISTRICT-

Seneca Family of Agencies  
(Name of Nonpublic School/Agency)

**JUL 17 2015**

(Name of School District)





(Date)

(Signature)

(Date)

Jamie Tang, Controller  
(Name and Title)

(Name of Superintendent or Authorized Designee)

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

This agreement is effective on July 1, 2015 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, 2016, unless sooner terminated as provided in the Master Contract and by applicable law.

<b>Local Education Agency(LEA)</b>		San Leandro Unified School District		<b>Nonpublic School/Agency</b>		Seneca Family of Agencies		
<b>Address</b>		14735 Juniper Street		<b>Address</b>		2275 Arlington Drive		
<b>City, State Zip</b>		San Leandro, CA 94579		<b>City, State, Zip</b>		San Leandro, CA 94578		
<b>LEA Case Manager</b>		Marie Vangene		<b>Phone</b>	(510) 317-1444 x6332	<b>Fax</b>	(510) 317-1443	
<b>Student Last Name</b>		<b>Student First Name</b>		<b>Program Contact Name</b>		Esli Garcia		
<b>D.O.B.</b>		12/06/04	<b>I.D. #</b>	<b>Phone</b>	(510) 300-6331	<b>Fax</b>		
<b>Grade</b>	<b>Level</b>	<b>Sex</b>	( X ) M ( ) F	<b>e-Mail</b>				Esli_garcia@senecacenter.org
<b>Parent/Guardian Name</b>				<b>Education Schedule – Regular School Year</b>				
<b>Address</b>				<b>Number of Days</b>		<b>Number of Weeks</b>		
<b>City, State, Zip</b>		San Leandro, CA 94577		<b>Education Schedule – Extended School Year</b>				
<b>Home Phone</b>		<b>Business</b>		<b>Number of Days</b>		<b>Number of Weeks</b>		
				<b>Contract Begins</b>	July 1, 2015	<b>Ends</b>	June 30, 2016	
				<b>Master Contract Approved by the Governing Board on</b>				

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

<u>SERVICES</u>	<u>PROVIDER</u>				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	<u>LEA</u>	<u>NPS</u>	<u>NPA</u>	<u>OTHER</u> Specify			Reg School Year	ESY	
<b>A. BASIC EDUCATION</b>		X			165.00/day	1 /day			35,970.00
<b>B. RELATED SERVICES</b>									
1. Transportation a. Paid to NPS/A b. Reimburse parent					/daily				
2. Counseling a. Group b. Individual c. Family									
3. Adapted P.E. a. Group of _____ b. Individual									
4. Speech/Language a. Group of _____ b. Individual c. Consultation		X			30 mins/wk for 46 wks/weekl y				2,079.20
5. SCIA a. Individual b. Group of _____									

B. RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	L	N	N	OTHER Specify			Reg School Year	ESY	
	E	P	P						
6. Intensive Academic Instruction									
7. Occupational Therapy a. Group of _____ b. Individual c. Consultation									
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing									
11. Other – Additional Adult Assistance (One-on-One Aide)		X			\$84.30 Per Day	Daily		\$18,377.40	
<b>TOTAL COST</b>									<b>\$56,426.60</b>

**ESTIMATED MAXIMUM RELATED SERVICES COST \$** \_\_\_\_\_

SPECIALIZED EQUIPMENT/SUPPLIES \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 56,426.60**

4. Other Provisions/Attachments: \_\_\_\_\_

5. Progress Reporting Requirements: \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON \_\_\_\_\_

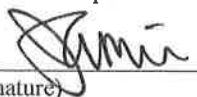
The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-DISTRICT-

Seneca Family of Agencies  
(Name of Nonpublic School/Agency)

\_\_\_\_\_  
(Name of School District)

 \_\_\_\_\_  
(Signature) JUL 17 2015 \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Date)

Jamie Tang, Controller  
(Name and Title)

\_\_\_\_\_  
(Name of Superintendent or Authorized Designee)

**NONPUBLIC SCHOOL/AGENCY/RELATED SERVICES PROVIDER:**

**Seneca Family of Agencies**

**NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES MASTER CONTRACT**

***I. AUTHORIZATION FOR MASTER CONTRACT AND GENERAL PROVISIONS***

**1. MASTER CONTRACT**

This Master Contract is entered into this 1st day of July, between San Leandro Unified School District Mid Alameda SELPA (hereinafter referred to as "LEA") and Seneca Family of Agencies (hereinafter referred to as "CONTRACTOR") for the purpose of providing special education and/or related services to LEA pupils with exceptional needs under the authorization of California Education Code sections 56157, 56361 and 56365 et seq. and Title 5 of the California Code of Regulations section 3000 et seq., AB490 (Chapter 862, Statutes of 2003) and AB1858 (Chapter 914, Statutes of 2004). It is understood that this Master Contract does not commit LEA to pay for special education and/or related services provided to any LEA pupil, or CONTRACTOR to provide such special education and/or related services, unless and until an authorized LEA representative approves the provision of special education and/or related services by CONTRACTOR pursuant to an Individualized Education Plan (hereinafter referred to as "IEP"), Individual Family Service Plan (hereinafter referred to as IFSP) or Rehabilitation Act Section 504 plan.

**SELPA Collaborative:** The LEA is a member of the Bay Area SELPA Collaborative. Nonpublic schools and nonpublic agencies that are geographically located in one of the participating SELPAs agree to participate in this collaborative process to establish a uniform contract for identified services and standards. The established system provides NPA/Ss with an opportunity to have input to the development of the process, contract issues, etc., and a simplified, standard process for rate negotiation with the participating SELPAs. Issues listed on the Rate Schedule portion of this Master Contract may be reviewed on an annual basis upon request of the CONTRACTOR using the established Bay Area SELPA Collaborative system. CONTRACTOR agrees that the rates set forth in this Master Contract will remain unchanged from July 1 through June 30 of the term of contract, with no changes in the services provided, unless changed in a duly executed amendment to this Master Contract signed by both parties. Increases in rates will be considered on an annual basis and remain unchanged for the term of the contract from July 1 through June 30, with no changes in level of service provided without written approval by both parties.

NPA/Ss that are not geographically located in a participating SELPA should negotiate rates with their geographically corresponding SELPA(s). The LEA will contact the corresponding SELPA to verify established rates. Increases in rates will be considered on an annual basis and remain unchanged for the following year from July 1 through June 30, with no changes provided without written approval by both parties.

Any CONTRACTOR not participating as a member of the Bay Area SELPA Collaborative shall individually negotiate rates following local SELPA and/or LEA procedures. Those CONTRACTORS shall notify the SELPA with whom they contract of any proposed rate changes effective July 1 by May 1 of the preceding year.

The Bay Area SELPA Collaborative Chair shall maintain, annually update and disseminate to all LEAs, NPS/As who are members of the Collaborative, a master rate schedule reflecting such NPS/A rates.

**RATE SCHEDULE**

**62. CONTRACTOR**

**Per CDE Certification, total enrollment may not exceed:** \_\_\_\_\_

*RATE SCHEDULE. Special education and/or related services offered by CONTRACTOR and the charges for such educational and/or related services during the term of this contract shall be as follows:*

	Rate	Period
A. <u>Basic Education Program/Special Education Instruction</u>	\$165.00	Per day
Basic Education Program/Dual Enrollment*		

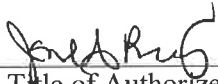
\*Per Diem rates for LEA pupils with IEP/IFSPs that authorize less than a full instructional day shall be adjusted proportionally. In such cases only, the adjustments in basic rate shall be based on the percentage of a 240-minute instructional day.

**B. Related Services**

(1)	a. Transportation – Round Trip	\$20.31	Per day
	b. Transportation – One Way		
	c. Transportation-Dual Enrollment		
	d. Parent*		
(2)	a. Educational Counseling – Individual		
	b. Educational Counseling – Group of _____		
	c. Counseling – Parent		
(3)	a. Adapted Physical Education – Individual		
	b. Adapted Physical Education – Group of _____		
	c. Adapted Physical Education – Group of _____		
(4)	a. Language and Speech Therapy – Individual	\$90.40	Hourly
	b. Language and Speech Therapy – Group of 2		
	c. Language and Speech Therapy – Group of 3		
	d. Language and Speech Therapy – Per diem		
	e. Language and Speech - Consultation Rate		
(5)	a. Additional Adult Assistance - Individual (must be authorized on IEP/IFSP)	\$84.30	Per Day
	b. Additional Adult Assistance – Group of 2		
	c. Additional Adult Assistance – Group of 3		
(6)	Intensive Special Education Instruction, by credentialed special education teacher		
(7)	a. Occupational Therapy – Individual		
	b. Occupational Therapy – Group of 2		
	c. Occupational Therapy – Group of 3		
	d. Occupational Therapy – Group of 4 - 7		
	e. Occupational Therapy - Consultation Rate		
(8)	Physical Therapy		
(9)	a. Behavior Intervention – BII		
	b. Behavior Intervention – BID		
	Provided by: _____		
(10)	Nursing Services		
(11)	Other: Psychological Services other than Assessment and IEP		
(12)	Home or Hospital Instruction		
(13)	Residential Placement Services:		
	a. Educationally Related Mental Health		

	b. Board and Care		
(14)	Other		
(15)	Other		
(16)	Other		
(17)	Other		

The parties hereto have executed this Contract by and through their duly authorized agents or representatives. This contract is effective on the 1<sup>st</sup> day of July 2015, and terminates at 5:00 p.m. on June 30, 2016, unless sooner terminated as provided herein.

<b>CONTRACTOR</b>			<b>SCHOOL DISTRICT/SELPA</b>		
Seneca Family of Agencies			San Leandro Unified School District		
<i>Signature</i>  <i>Date</i> 7/15/15			<i>Signature</i> _____ <i>Date</i> _____		
Name and Title of Authorized Representative			Name and Title of Authorized Representative:		
Janet Briggs, CFO			Mike McLaughlin, Ed.D., Superintendent		
Notices to CONTRACTOR shall be addressed to:			Notices to LEA shall be addressed to:		
Name Esli Garcia Seneca Family of Agencies			San Leandro Unified School District		
Address			Address		
2275 Arlington Drive			835 E. 14 <sup>th</sup> Street		
City	State	Zip	City	State	Zip
San Leandro,	CA	94578	San Leandro,	CA	94577
Phone: (510) 300-6331 Fax: (510) 317-1443 E-mail: <a href="mailto:esli_garcia@senecacenter.org">esli_garcia@senecacenter.org</a> Website: <a href="http://www.senecafoa.org">www.senecafoa.org</a>			Phone: (510) 667-3522 Fax: (510) 678-5303 E-mail: <a href="mailto:mmclaughlin@slusd.us">mmclaughlin@slusd.us</a> Website: <a href="http://www.sanleandro.k12.ca.us">www.sanleandro.k12.ca.us</a>		