

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.2015

Local Education Agency(LEA)		San Leandro Unified School District		Nonpublic School/Agency		Spectrum Center, Inc.	
Address		2255 Bancroft Avenue		Address		16360 San Pablo Avenue	
City, State Zip		San Leandro, CA 94577		City, State, Zip		San Pablo, CA 94806	
LEA Case Manager		Julie Avilla		Phone		(510) 741-5440	
				Fax		(510) 741-2775	
Student Last Name		Student First Name		Program Contact Name			
D.O.B.		2/16/1994		Phone		Fax	
		I.D. #		e-Mail			
Grade		12+		Level		Sex	
						(X) M () F	
Parent/ Guardian Last Name		Parent/ Guardian First Name		Education Schedule – Regular School Year			
				Number of Days		180	
				Number of Weeks			
Address				Education Schedule – Extended School Year			
City, State, Zip		San Leandro, CA 94577		Number of Days		30	
Home Phone		()		Business			
				Contract Begins		7/1/2015	
				Ends		6/30/2016	
				Master Contract Approved by the Governing Board on			

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICES	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg Scho of Year	ESY	
A. BASIC EDUCATION		X			\$186/day	210 days per year	180	30	\$39,060.00
B. RELATED SERVICES									
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		X			\$85/hr consult.	30min/month for 12 month			\$ 510.00
5. SCIA a. Individual b. Group of _____									

STUDENT NAME: _____

DATE OF IEP: 4/15/15

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
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
	6. Intensive Academic Instruction		X						
7. Occupational Therapy a. Group of _____ b. Individual c. Consultation		X			\$99/hr consult	60min/month for 12 month			\$ 1,188.00
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing									
11. Mental Health									
12. Room/Board									
13. Other									
						TOTAL COST			\$68,058.00

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 28,998.00

SPECIALIZED EQUIPMENT/SUPPLIES \$ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 68,058.00

4. Other Provisions/Attachments:

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

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

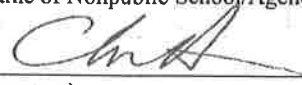
The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-DISTRICT-

Spectrum Center, Inc.
(Name of Nonpublic School/Agency)

San Leandro Unified School District
(Name of School District)


(Signature)

7/29/15
(Date)

(Signature)

(Date)

Chris Holmes, VP of Operations
(Name and Title)

Mike McLaughlin, Ed.D., Superintendent
(Name of Superintendent or Authorized Designee)