

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		The Speech Pathology Group	
Address		2255 Bancroft Avenue		Address		2021 Ygnacio Valley Road, C-103	
City, State Zip		San Leandro, CA 94577		City, State, Zip		Walnut Creek, CA 94598	
LEA Case Manager				Phone		(925) 945-1474 (925) 945-1768	
				e-Mail		susan@speechpath.com	
Student Last Name		Various Students		Student First Name			
D.O.B.				Program Contact Name			
Grade		Level		Phone			
				e-Mail			
Parent/ Guardian Last Name				Sex		() M () F	
Parent/ Guardian First Name				Education Schedule – Regular School Year			
				Number of Days		186	
				Number of Weeks			
Address				Education Schedule – Extended School Year			
City, State, Zip				Number of Days			
Home Phone				Number of Weeks			
				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 School Year	ESY	
A. BASIC EDUCATION									
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		\$766/day	40 hrs./wk	186		\$142,476.00
5. SCIA a. Individual b. Group of _____									

STUDENT NAME: Various Students

DATE OF IEP: _____

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								
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. Mental Health									
12. Room/Board									
13. Other									
						TOTAL COST		\$142,476.00	

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 142,476.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ \$ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 142,476.00

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-

The Speech Pathology Group, Inc.
(Name of Nonpublic School/Agency)

San Leandro Unified School District
(Name of School District)


(Signature)

7/23/15
(Date)

(Signature)

(Date)

Susan Stark MS, CCC-SLP, President
(Name and Title)

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

AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
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City, State Zip		San Leandro, CA 94577		City, State, Zip		Walnut Creek, CA 94598	
LEA Case Manager				Phone	(925) 945-1474	Fax	(925) 945-1768
				e-Mail	Susan@speechpath.com		
Student Last Name	Various Students		Student First Name			Program Contact Name	
D.O.B.			I.D. #			Phone	Fax
Grade		Level		Sex	() M () F		
Parent/ Guardian Last Name				Parent/ Guardian First Name		Education Schedule – Regular School Year	
						Number of Days	Number of Weeks 38
						Education Schedule – Extended School Year	
						Number of Days	Number of Weeks
Address				Contract Begins		7/1/2015	Ends 6/30/2016
City, State, Zip				Master Contract Approved by the Governing Board on			
Home Phone				Business			

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

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	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
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STUDENT NAME: Various Students

DATE OF IEP: _____

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								
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. Mental Health									
12. Room/Board									
13. Other – AAC			X		\$766.00/ daily	2 days per week for 38 weeks	76 days		\$58,216.00
TOTAL COST									\$58,216.00

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 58,216.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ \$ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES \$ 58,216.00

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-

The Speech Pathology Group, Inc.
(Name of Nonpublic School/Agency)

San Leandro Unified School District
(Name of School District)


(Signature)

7/23/15
(Date)

(Signature)

(Date)

Susan Stark MS, CCC-SLP, President
(Name and Title)

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

NONPUBLIC SCHOOL/AGENCY/RELATED SERVICES PROVIDER:

The Speech Pathology Group, Inc.

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 The Speech Pathology Group, Inc. (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>		
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		
	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 (ISA)	\$95.00	per hour
	b. Language and Speech Therapy – Group of 2 (ISA)	\$76.00	per hour
	c. Language and Speech Therapy – Group of 3 (ISA)	\$76.00	per hour
	d. Language and Speech Therapy – Daily Rate	\$685.00	per day*
	e. Language and Speech - Daily Specialty Rate**	\$766.00	per day*
	f. Language and Speech - Consultation & IBE Rate	\$126.00	per hour
(5)	a. Additional Adult Assistance - Individual (must be authorized on IEP/IFSP)		
	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/RBT	\$75.00	per hour
	b. Behavior Intervention – BID/BCBA	\$125.00	per hour
	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		

*7-8 hour day. SLPs will adhere to district staff calendar (including teacher work days and staff development days). SPG utilizes a Professional Work Week. Daily hours may flex pending caseload requirements (i.e., IEP meetings, parent conferences, SST meetings, etc.).

**Specialty Rates may apply for Bilingual, DHH, and /or AAC services.

	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 1st day of July 2015, and terminates at 5:00 p.m. on June 30, 2016, unless sooner terminated as provided herein.

CONTRACTOR			SCHOOL DISTRICT/SELPA		
The Speech Pathology Group, Inc.			San Leandro Unified School District/Mid Alameda SELPA		
<i>Signature</i> 		<i>Date</i> 7/23/15	<i>Signature</i>		<i>Date</i>
Name and Title of Authorized Representative			Name and Title of Authorized Representative:		
Susan Stark, MS, CCC-SLP, President			Mike McLaughlin, Ed.D., Superintendent		
Notices to CONTRACTOR shall be addressed to:			Notices to LEA shall be addressed to:		
Susan Stark, President The Speech Pathology Group			San Leandro Unified School District		
Address			Address		
2021 Ygnacio Valley Road, C-103			835 E. 14 th Street		
City	State	Zip	City	State	Zip
Walnut Creek	CA	94598	San Leandro,	CA	94577
Phone: (925) 945-1474 x109 Fax: (925) 945-1768 E-mail: susan@speechpath.com Website: www.speechpathologygroup.com			Phone: (510) 667-3522 Fax: (510) 678-5303 E-mail: mmclaughlin@slusd.us Website: www.sanleandro.k12.ca.us		