**INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES**
(Education Code sections 56365, 56366, et seq.) (Page 1 of 2)

NAME OF LOCAL EDUCATION AGENCY: San Leandro Unified School District
NAME OF NONPUBLIC SCHOOL/AGENCY: STARS High School
PUPIL NAME: _____ _____ _____ SEX: ☒ M ☐ F
(Last) (First) (Middle)

PUPIL I.D./S.S. #: _____ BIRTHDATE: 7/13/1994 GRADE: 11
RESIDENTIAL SETTING: ☒ HOME ☐ FOSTER ☐ LCI LCI PHONE # (_____) _____ - _____
PARENT/GUARDIAN: _____ PHONE: (510) _____ (_____) _____ - _____
(Residence) (Business)
PUPIL'S ADDRESS: _____ CITY: San Leandro STATE: CA ZIP: 94577

NON EDUCATIONAL PLACING AGENCY: (If applicable) N/A

## CONTRACT TERMS:

1. The pupil's teacher/service provider will hold the following credential/ license: Education Specialist Mild/Moderate (Generic description, i.e., LH credential).
2. The class size for the pupil will not exceed 12 and/or the therapist/pupil ratio will not exceed 1:8.
3. The length of the instructional program will be consistent with the Master Contract unless otherwise specified.
4. Authorized educational services as specified in the IEP shall be provided by the CONTRACTOR under other provisions up to the amount specified.
5. Method for complying with statewide standardized assessment requirements: _____
6. Other Provisions (attachments as necessary): _____

**A. BASIC EDUCATION PROGRAM** (Applies to Nonpublic schools only.)

Number of Days _____ × Per Diem $ _____ = Total Basic Education Costs (A) $ 0
(Include extended school year days as appropriate to the pupil's IEP.)

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

| | SERVICE PROVIDER | | | TOTAL MINUTES HRLY/PER WEEK/OR SESSION | COST PER SESSION | | | | | ANNUAL MAX TOTAL COST FOR CONTRACT PERIOD |
|---|---|---|---|---|---|---|---|---|---|---|
| | LEA | NPS/A | OTHER | | DLY | WKLY | HRLY | GROUP | # | |
| 1. O.T. | ☐ | ☐ | ☐ | | | | | | | |
| 2. Lang/Spch | ☐ | ☐ | ☐ | | | | | | | |
| 3. Transport. | ☐ | ☐ | ☐ | | | | | | | |
| 4. Counseling Individual | ☐ | ☒ | ☐ | 1/week | | | $82 | | 6 | $492 |
| 5. Counseling Group | ☐ | ☐ | ☐ | | | | | | | |
| 6. P.T. | ☐ | ☐ | ☐ | | | | | | | |
| 7. Supported Study | ☐ | ☒ | ☐ | 1/day | $60 | | | | 38 | $2,280 |

MAXIMUM TOTAL RELATED SERVICES COST (B) $2,772
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (A+B) $2,772
MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES $72.95

**INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES**
(Education Code sections 56365, 56366, et seq.) (Page 2 of 2)

PUPIL NAME: _____ _____ _____
(Last) (First) (Middle)

All terms and conditions of the current Master Contract for Nonpublic, Nonsectarian School/Agency Service (NPS/NPA), hereinafter referred to as the Master Contract, previously executed by the parties hereto, are incorporated herein by reference. The Contractor will implement the Individualized Education Program (IEP) in accordance with this Agreement and the Master Contract, and will request an IEP review prior to any change in the service program. Invoices shall be submitted based on actual service provided and attendance standards addressed in the Master Contract.

The parties hereto have executed this contract by and through their duly authorized agents or representatives. This contract is effective on 5/8/2012 and terminates at 5:00 p.m. on 6/30/2012 unless sooner terminated as provided herein.

**-CONTRACTOR-**

6/19/12
(Authorized Signature) (Date)

Karly Wiley
(Type or Print Name)

STARS High School
(Name of NPS/NPA)

545 Estudillo Ave.
(Mailing Address)

San Leandro, CA 94577
(City/State/Zip Code)

**-LOCAL EDUCATIONAL AGENCY-**

_____
(Authorized Signature) (Date)

_____
(Type or Print Name)

San Leandro Unified School District
(Name of District, SELPA, County Office)

14735 Juniper St.
(Mailing Address)

San Leandro, CA 94579
(City/State/Zip Code)

**INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES**
(Education Code sections 56365, 56366, et seq.) (Page 1 of 2)

NAME OF LOCAL EDUCATION AGENCY: San Leandro Unified School District
NAME OF NONPUBLIC SCHOOL/AGENCY: STARS High School
PUPIL NAME: _____ _____ _____ SEX: ☒ M ☐ F
(Last) (First) (Middle)

PUPIL I.D./S.S. #: _____ BIRTHDATE: 10/11/1996 GRADE: 10
RESIDENTIAL SETTING: ☒ HOME ☐ FOSTER ☐ LCI LCI PHONE # (____) ____ - ____
PARENT/GUARDIAN: PHONE: (510) (Residence) (____) ____ - ____ (Business)
PUPIL'S ADDRESS: _____ CITY: San Leandro STATE: CA ZIP: 94577

NON EDUCATIONAL PLACING AGENCY: (If applicable) N/A

## CONTRACT TERMS:

1. The pupil's teacher/service provider will hold the following credential/ license: Education Specialist Mild/Moderate (Generic description, i.e., LH credential).
2. The class size for the pupil will not exceed 12 and/or the therapist/pupil ratio will not exceed 1:8.
3. The length of the instructional program will be consistent with the Master Contract unless otherwise specified.
4. Authorized educational services as specified in the IEP shall be provided by the CONTRACTOR under other provisions up to the amount specified.
5. Method for complying with statewide standardized assessment requirements: _____
6. Other Provisions (attachments as necessary): _____

**A. BASIC EDUCATION PROGRAM** (Applies to Nonpublic schools only.)

Number of Days _____ × Per Diem $ _____ = Total Basic Education Costs (A) $ 0
(Include extended school year days as appropriate to the pupil's IEP.)

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

| | Service Provider | | | Total Minutes Hrly/Per Week/or Session | Cost Per Session | | | | | Annual Max Total Cost for Contract Period |
|---|---|---|---|---|---|---|---|---|---|---|
| | LEA | NPS/A | Other | | Dly | Wkly | Hrly | Group | # | |
| 1. O.T. | ☐ | ☐ | ☐ | | | | | | | |
| 2. Lang/Spch | ☐ | ☐ | ☐ | | | | | | | |
| 3. Transport. | ☐ | ☐ | ☐ | | | | | | | |
| 4. Counseling Individual | ☐ | ☒ | ☐ | 1/week | | | $82 | | 6 | $492 |
| 5. Counseling Group | ☐ | ☐ | ☐ | | | | | | | |
| 6. P.T. | ☐ | ☐ | ☐ | | | | | | | |
| 7. Supported Study | ☐ | ☒ | ☐ | 1/day | $60 | | | | 38 | $2,280 |

MAXIMUM TOTAL RELATED SERVICES COST (B) $2,772
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (A+B) $2,772
MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES $72.95

**INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES**

(Education Code sections 56365, 56366, et seq.) 

PUPIL NAME: _____ _____
(Last) (First) (Middle)

All terms and conditions of the current Master Contract for Nonpublic, Nonsectarian School/Agency Service (NPS/NPA), hereinafter referred to as the Master Contract, previously executed by the parties hereto, are incorporated herein by reference. The Contractor will implement the Individualized Education Program (IEP) in accordance with this Agreement and the Master Contract, and will request an IEP review prior to any change in the service program. Invoices shall be submitted based on actual service provided and attendance standards addressed in the Master Contract.

The parties hereto have executed this contract by and through their duly authorized agents or representatives. This contract is effective on 5/8/2012 and terminates at 5:00 p.m. on 6/30/2012 unless sooner terminated as provided herein.

**-CONTRACTOR-**

K Wiley 6/19/12
(Authorized Signature) (Date)

Karly Wiley
(Type or Print Name)

STARS High School
(Name of NPS/NPA)

545 Estudillo Ave.
(Mailing Address)

San Leandro, CA 94577
(City/State/Zip Code)

**-LOCAL EDUCATIONAL AGENCY-**

_____
(Authorized Signature) (Date)

_____
(Type or Print Name)

San Leandro Unified School District
(Name of District, SELPA, County Office)

14735 Juniper St.
(Mailing Address)

San Leandro, CA 94579
(City/State/Zip Code)

**INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES**

(Education Code sections 56365, 56366, et seq.) (Page 1 of 2)

NAME OF LOCAL EDUCATION AGENCY: San Leandro Unified School District
NAME OF NONPUBLIC SCHOOL/AGENCY: STARS High School
PUPIL NAME: _____ SEX: ☒ M ☐ F
(Last) (First) (Middle)

PUPIL I.D./S.S. #: _____ BIRTHDATE: 3/16/1997 GRADE: 9
RESIDENTIAL SETTING: ☒ HOME ☐ FOSTER ☐ LCI LCI PHONE # (____) _____ - _____
PARENT/GUARDIAN: PHONE: (____) _____ - _____
(Residence) (Business)
PUPIL'S ADDRESS: _____ CITY: San Leandro STATE: CA ZIP: 94577

NON EDUCATIONAL PLACING AGENCY: (If applicable) N/A

## CONTRACT TERMS:

1. The pupil's teacher/service provider will hold the following credential/ license: Education Specialist Mild/Moderate (Generic description, i.e., LH credential).
2. The class size for the pupil will not exceed 12 and/or the therapist/pupil ratio will not exceed 1:8.
3. The length of the instructional program will be consistent with the Master Contract unless otherwise specified.
4. Authorized educational services as specified in the IEP shall be provided by the CONTRACTOR under other provisions up to the amount specified.
5. Method for complying with statewide standardized assessment requirements: _____
6. Other Provisions (attachments as necessary): _____

**A. BASIC EDUCATION PROGRAM** (Applies to Nonpublic schools only.)

Number of Days 5 × Per Diem $ 160 = Total Basic Education Costs (A) $ 800
(Include extended school year days as appropriate to the pupil's IEP.)

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

| | Service Provider | | | Total Minutes Hrly/Per Week/or Session | Cost Per Session | | | | | Annual Max Total Cost for Contract Period |
|---|---|---|---|---|---|---|---|---|---|---|
| | LEA | NPS/A | Other | | Dly | Wkly | Hrly | Group | # | |
| 1. O.T. | ☐ | ☐ | ☐ | | | | | | | |
| 2. Lang/Spch | ☐ | ☐ | ☐ | | | | | | | |
| 3. Transport. | ☐ | ☐ | ☐ | | | | | | | |
| 4. Counseling Individual | ☐ | ☐ | ☐ | | | | | | | |
| 5. Counseling Group | ☐ | ☐ | ☐ | | | | | | | |
| 6. P.T. | ☐ | ☐ | ☐ | | | | | | | |

MAXIMUM TOTAL RELATED SERVICES COST (B) $0
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (A+B) $800
MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES $160

**INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES**

(Education Code sections 56365, 56366, et seq.) (Page 2 of 2)

PUPIL NAME: _____ _____ _____
(Last) (First) (Middle)

All terms and conditions of the current Master Contract for Nonpublic, Nonsectarian School/Agency Service (NPS/NPA), hereinafter referred to as the Master Contract, previously executed by the parties hereto, are incorporated herein by reference. The Contractor will implement the Individualized Education Program (IEP) in accordance with this Agreement and the Master Contract, and will request an IEP review prior to any change in the service program. Invoices shall be submitted based on actual service provided and attendance standards addressed in the Master Contract.

The parties hereto have executed this contract by and through their duly authorized agents or representatives. This contract is effective on 7/1/2011 and terminates at 5:00 p.m. on 6/30/2012 unless sooner terminated as provided herein.

**-CONTRACTOR-**

K. Wiley 6/18/12
(Authorized Signature) (Date)

Karly Wiley
(Type or Print Name)

STARS High School
(Name of NPS/NPA)

545 Estudillo Ave.
(Mailing Address)

San Leandro, CA 94577
(City/State/Zip Code)

**-LOCAL EDUCATIONAL AGENCY-**

_____
(Authorized Signature) (Date)

_____
(Type or Print Name)

San Leandro Unified School District
(Name of District, SELPA, County Office)

14735 Juniper St.
(Mailing Address)

San Leandro, CA 94579
(City/State/Zip Code)