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

(Education Code sections 56365, 56366, et seq.) (Page 1 of 2) Date: 08/30/12

NAME OF LOCAL EDUCATION AGENCY: **San Leandro Unified School District**

NAME OF NONPUBLIC SCHOOL/AGENCY: Seneca Family of Agencies.

PUPIL NAME: _____ _____ _____ SEX: () M (X) F
(Last) (First) (Middle)

PUPIL I.D#/S.S.#: _____ BIRTHDATE: 01/30/00 GRADE: Ungraded

RESIDENTIAL SETTING: (X) HOME () FOSTER () LCI

PARENT/GUARDIAN: _____ PHONE (510) _____ _____
(Residence) (Business)

ADDRESS: _____ CITY: San Leandro STATE: CA ZIP: 94577-1417

NON EDUCATIONAL PLACING AGENCY: (If applicable) _____

**CONTRACT TERMS:**

1. The pupil's teacher/service provider will hold the following credential/license: A document issued from CTC authorizing Special Ed Instruction.
   (Generic description, i.e., LH credential).
2. The class size for the pupil will not exceed 14 and/or the therapist/pupil ratio will not exceed _____
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: Curriculum aligned with contracting school districts. All students given opportunity to take Statewide Standardized assessments.
6. Other Provisions (attachments as necessary): _____

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

Number of Days 187 X Per Diem $ 159.00 = TOTAL BASIC EDUCATION COSTS (A) $ 29,733.00
(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 | Weekly | HRLY | Group | |
| 1. O.T. | | | | | | | | | |
| 2. Lang/Spch | | | | | | | | | |
| 3. Transport. | | | | | | | | | |
| 4. Counseling | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |

MAXIMUM TOTAL RELATED SERVICES COST (b) $ 0.00
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (a+b) $ 29,733.00
MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES $ 159.00

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

(Education Code sections 56365, 56366, et seq.) (Page 2 of 2) Date: 08/30/12

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 August 30, 2012 and terminates at 5:00 p.m. on June 30, 2013 unless sooner terminated as provided herein.

## CONTRACTOR

SEP 17 2012

(Authorized Signature) (Date)

Jamie Tang Acct Mgr
(Type or Print Name) Title

Seneca Family of Agencies.
(Name of NPS/NPA)

2275 Arlington Drive
(Mailing Address)

San Leandro, CA 94578
(City/State/Zip Code)

## LOCAL EDUCATIONAL AGENCY

_____ _____
(Authorized Signature) (Date)

_____ _____
(Type or Print Name) (Title)

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

14735 Juniper Street
(Mailing Address)

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

NAME OF FOSTER/LCI: _____ LCI No: _____

ADDRESS: _____

PHONE: _____