Spectrum Center
SCHOOLS AND PROGRAMS

16360 San Pablo Ave. San Pablo, CA 94806
Phone: (510) 741-5440 Fax: (510) 724-2913

2012/2013 Individual Service Contract Addendum Agreement for Non-Public School Services

The following modifications and amendments to the Individual Service Agreement between **SAN LEANDRO UNIFIED** and **SPECTRUM CENTER, INC.** for the school year 2010/2011 are hereby appended;

Effective 5/7/2013 and terminates on 6/30/2013 unless sooner terminated as provided herein.

This Addendum shall become a part of the original contract dated 3/12/2013

Student: _____ _____ SERVICE(S)	Units (1 Unit = 30 min.)	Qty	Price	COST
Speech Therapy1: Individual	1.00/Week	6.00	$41.50	**$249.00**

Contractor: Spectrum Center, Inc.

By: Gail Henderson 5/13/13
(Contracting Officer's Signature) Date

Gail Henderson, Chief Operating Officer
(Type or Print Name and Title)

LEA: San Leandro Unified

By: _____
(Authorized District Representative) Date

_____
(Type or Print Name and Title)

2012-2013
Revised 07/31/12

SA_id S50851

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SCHOOLS AND PROGRAMS

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2012/2013 Individual Service Contract Addendum Agreement for Non-Public School Services

The following modifications and amendments to the Individual Service Agreement between **SAN LEANDRO UNIFIED** and **SPECTRUM CENTER, INC.** for the school year 2010/2011 are hereby appended;

Effective 5/3/2013 and terminates on 6/30/2013 unless sooner terminated as provided herein.

This Addendum shall become a part of the original contract dated 3/18/2013

Student: _____

SERVICE(S)	Units (1 Unit = 30 min.)	Qty	Price	COST
Adaptive PE 1: Individual	1.00/Week	7.00	$38.00	**$266.00**

Contractor: Spectrum Center, Inc.

By: Gail Henderson 5/7/13
(Contracting Officer's Signature) Date

Gail Henderson, Chief Operating Officer
(Type or Print Name and Title)

LEA: San Leandro Unified

By: _____
(Authorized District Representative) Date

_____
(Type or Print Name and Title)

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Phone: (510) 741-5440 Fax: (510) 724-2913

2012/2013 Individual Service Contract Addendum Agreement for Non-Public School Services

The following modifications and amendments to the Individual Service Agreement between **SAN LEANDRO UNIFIED** and **SPECTRUM CENTER, INC.** for the school year 2010/2011 are hereby appended;

Effective 4/30/2013 and terminates on 6/30/2013 unless sooner terminated as provided herein.

This Addendum shall become a part of the original contract dated 7/1/2012

Student: _____ SERVICE(S)	Units (1 Unit = 30 min.)	Qty	Price	COST
Occupational Therapy1: Consult 45 min per month consult	1.50/Month	4.50	$48.50	**$218.25**
Speech Therapy1: Consult 30 min per month	1.00/Month	3.00	$41.50	**$124.50**

Contractor: Spectrum Center, Inc.

By: Gail Henderson 5/6/13
(Contracting Officer's Signature) Date

Gail Henderson, Chief Operating Officer
(Type or Print Name and Title)

LEA: San Leandro Unified

By: _____
(Authorized District Representative) Date

_____
(Type or Print Name and Title)

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16360 San Pablo Ave. San Pablo, CA 94806
Phone: (510) 741-5440 Fax: (510) 724-2913

2012/2013 Individual Service Contract Addendum Agreement for Non-Public School Services

The following modifications and amendments to the Individual Service Agreement between **SAN LEANDRO UNIFIED** and **SPECTRUM CENTER, INC.** for the school year 2010/2011 are hereby appended;

Effective 4/26/2013 and terminates on 6/30/2013 unless sooner terminated as provided herein.

This Addendum shall become a part of the original contract dated 2/25/2013

Student: _____

SERVICE(S)	Units (1 Unit = 30 min.)	Qty	Price	COST
Speech Therapy1: Individual	1.00/Week	8.00	$41.50	**$332.00**
One-to-one Aide	5.00/Week	35.00	$127.50	**$4,462.50**

Contractor: Spectrum Center, Inc.

By: Gail Henderson 4/29/13
(Contracting Officer's Signature) Date

Gail Henderson, Chief Operating Officer
(Type or Print Name and Title)

LEA: San Leandro Unified

By: _____
(Authorized District Representative) Date

_____
(Type or Print Name and Title)