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
NAME OF NONPUBLIC SCHOOL/AGENCY: Spectrum Center, Inc.
PUPIL NAME: _____ _____ _____ SEX: (☒) M (☐) F
(Last) (First) (Middle)

PUPIL I.D./S.S. #: _____ BIRTHDATE: 6/5/1996 GRADE: ____
RESIDENTIAL SETTING: ☒ Home ☐ Foster ☐ LCI LCI PHONE # _____
PARENT/GUARDIAN th ____ PHONE: (____ ____) ____ ____
(Residence) (Business)
PUPIL'S ADDRESS: _____ CITY: San Leandro STATE: CA ZIP: 94577

NON EDUCATIONAL PLACING AGENCY: (If applicable) _____

CONTRACT TERMS:

1. The pupil's teacher/service provider will hold the following credential/ license: SH, LH,ED SPEC M/M, or ED SPEC M/S (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 1:5.
3. The length of the instructional program will be consistent with the Master Contract unless otherwise specified. per Spectrum Center calendar
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 210 × Per Diem $ $180.00 = Total Basic Education Costs (A) $ 37,800.00
(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	WKLY	HRLY	GROUP	# OF WKS	
Adaptive PE 1: Individual		X		30 Min/Week for 46 Week			76.00			$1,748.00
Occupational Therapy1: Consult		X		45 Min/Month for 12 Month			97.00			$873.00
Occupational Therapy1:		X		30 Min/Week for 46 Week			97.00			$2,231.00
Occupational Therapy2: Group		X		30 Min/Week for 46 Week			78.00			$1,794.00
Speech Therapy1: Consult		X		30 Min/Month for 12 Month			83.00			$498.00
Speech Therapy2: Group		X		30 Min/Week for 46 Week			52.00			$1,196.00

MAXIMUM TOTAL RELATED SERVICES COST (b) $ 8,340.00
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (A+B) $ 46,140.00
MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES $ 219.71

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. Pursuant to 34 CFR 300.9 and 34 CFR 300.300 parents and legal guardians are allowed, at any time subsequent to the initial provision of special education and related services to revoke their consent for special education and related services for their child /ward. Upon such revocation of consent, the responsible LEA may not continue to implement the child's last agreed upon and implemented IEP. However, the LEA must provide the parent/guardian with a 34 CFR 300.503 prior written notice before ceasing to provide the child with the special education and related services contained in his/her last agreed upon and implemented IEP. The Individual Services agreement attached to the student's last agreed upon IEP will end at the date noticed on the prior written notice and all associated nonpublic , nonsectarian school /agency services will cease as of the noticed date.

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 **7/1/2013** and terminates at 5:00 p.m. on **6/30/2014** unless sooner terminated as provided herein.

-CONTRACTOR-		-LOCAL EDUCATIONAL AGENCY-	
	7/17/2013		
(Authorized Signature)	(Date)	(Authorized Signature)	(Date)
Chris Holmes, Senior Vice President of Operations			
(Type or Print Name)		(Type or Print Name)	
Spectrum Center, Inc.		San Leandro Unified	
(Name of NPS/NPA)		(Name of District, SELPA, County Office)	
		14735 Juniper Street	
16360 San Pablo Ave.			
(Mailing Address)		(Mailing Address)	
San Pablo, CA 94806		San Leandro	CA 94579
(City/State/Zip Code)		(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
NAME OF NONPUBLIC SCHOOL/AGENCY: Spectrum Center, Inc.
PUPIL NAME: _____ _____ _____ SEX: ☒ M ☐ F
(Last) (First) (Middle)

PUPIL I.D./S.S. #: _____ BIRTHDATE: 6/7/2004 GRADE: 4.5 -
RESIDENTIAL SETTING: ☒ Home ☐ Foster ☐ LCI LCI PHONE # _____
PARENT/GUARDIAN: _____ PHONE: (_____) _____ (_____) _____
(Residence) (Business)
PUPIL'S ADDRESS _____ CITY: San Leandro STATE: CA ZIP: 94578

NON EDUCATIONAL PLACING AGENCY: (If applicable) _____

CONTRACT TERMS:

1. The pupil's teacher/service provider will hold the following credential/ license: SH, LH,ED SPEC M/M, or ED SPEC M/S (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 1:5.
3. The length of the instructional program will be consistent with the Master Contract unless otherwise specified. per Spectrum Center calendar
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 210 × Per Diem $ $180.00 = Total Basic Education Costs (A) $ 37,800.00
(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	WKLY	HRLY	GROUP	# OF WKS	
Speech Therapy1: Consult		X		30 Min/Month for 12 Month			83.00			$498.00
Speech Therapy1: Individual		X		30 Min/Week for 46 Week			83.00			$1,909.00
One-to-one Aide		X		210 Day(s)	127.50				42.00	$26,775.00

MAXIMUM TOTAL RELATED SERVICES COST (b) $ 29,182.00
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (A+B) $ 66,982.00
MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES $ 318.96

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. Pursuant to 34 CFR 300.9 and 34 CFR 300.300 parents and legal guardians are allowed, at any time subsequent to the initial provision of special education and related services to revoke their consent for special education and related services for their child /ward. Upon such revocation of consent, the responsible LEA may not continue to implement the child's last agreed upon and implemented IEP. However, the LEA must provide the parent/guardian with a 34 CFR 300.503 prior written notice before ceasing to provide the child with the special education and related services contained in his/her last agreed upon and implemented IEP. The Individual Services agreement attached to the student's last agreed upon IEP will end at the date noticed on the prior written notice and all associated nonpublic , nonsectarian school /agency services will cease as of the noticed date.

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 **7/1/2013** and terminates at 5:00 p.m. on **6/30/2014** unless sooner terminated as provided herein.

-CONTRACTOR-		-LOCAL EDUCATIONAL AGENCY-	
	7/17/2013		
(Authorized Signature)	(Date)	(Authorized Signature)	(Date)
Chris Holmes, Senior Vice President of Operations			
(Type or Print Name)		(Type or Print Name)	
Spectrum Center, Inc.		San Leandro Unified	
(Name of NPS/NPA)		(Name of District, SELPA, County Office)	
		14735 Juniper Street	
16360 San Pablo Ave.			
(Mailing Address)		(Mailing Address)	
San Pablo, CA 94806		San Leandro	CA 94579
(City/State/Zip Code)		(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
NAME OF NONPUBLIC SCHOOL/AGENCY: Spectrum Center, Inc.
PUPIL NAME: _____ _____ _____ SEX: ☒ M ☐ F
(Last) (First) (Middle)

PUPIL I.D./S.S. #: _____ BIRTHDATE: 3/13/1995 GRADE: ____
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) _____

CONTRACT TERMS:

1. The pupil's teacher/service provider will hold the following credential/ license: SH, LH,ED SPEC M/M, or ED SPEC M/S (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 1:5.
3. The length of the instructional program will be consistent with the Master Contract unless otherwise specified. per Spectrum Center calendar
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 210 × Per Diem $ $180.00 = Total Basic Education Costs (A) $ 37,800.00
(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	WKLY	HRLY	GROUP	# OF WKS	
Speech Therapy1: Consult		X		60 Min/Month for 12 Month			83.00			$996.00
One-to-one Aide		X		210 Day(s)	127.50				42.00	$26,775.00

MAXIMUM TOTAL RELATED SERVICES COST (b) $ 27,771.00
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (A+B) $ 65,571.00
MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES $ 312.24

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. Pursuant to 34 CFR 300.9 and 34 CFR 300.300 parents and legal guardians are allowed, at any time subsequent to the initial provision of special education and related services to revoke their consent for special education and related services for their child /ward. Upon such revocation of consent, the responsible LEA may not continue to implement the child's last agreed upon and implemented IEP. However, the LEA must provide the parent/guardian with a 34 CFR 300.503 prior written notice before ceasing to provide the child with the special education and related services contained in his/her last agreed upon and implemented IEP. The Individual Services agreement attached to the student's last agreed upon IEP will end at the date noticed on the prior written notice and all associated nonpublic , nonsectarian school /agency services will cease as of the noticed date.

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 **7/1/2013** and terminates at 5:00 p.m. on **6/30/2014** unless sooner terminated as provided herein.

-CONTRACTOR-		-LOCAL EDUCATIONAL AGENCY-	
	7/17/2013		
(Authorized Signature)	(Date)	(Authorized Signature)	(Date)
Chris Holmes, Senior Vice President of Operations			
(Type or Print Name)		(Type or Print Name)	
Spectrum Center, Inc.		San Leandro Unified	
(Name of NPS/NPA)		(Name of District, SELPA, County Office)	
		14735 Juniper Street	
16360 San Pablo Ave.			
(Mailing Address)		(Mailing Address)	
San Pablo, CA 94806		San Leandro	CA 94579
(City/State/Zip Code)		(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
NAME OF NONPUBLIC SCHOOL/AGENCY: Spectrum Center, Inc.
PUPIL NAME: _____ _____ _____ SEX: (☒) M (☐) F
(Last) (First) (Middle)

PUPIL I.D./S.S. #: _____ BIRTHDATE: 11/23/1997 GRADE: ____
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) _____

CONTRACT TERMS:

1. The pupil's teacher/service provider will hold the following credential/ license: SH, LH,ED SPEC M/M, or ED SPEC M/S (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 1:5.
3. The length of the instructional program will be consistent with the Master Contract unless otherwise specified. per Spectrum Center calendar
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 210 × Per Diem $ $180.00 = Total Basic Education Costs (A) $ 37,800.00
(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	WKLY	HRLY	GROUP	# OF WKS	
Adaptive PE 1: Consult		X		15 Min/Week for 46 Week			76.00			$874.00
Speech Therapy1: Consult		X		60 Min/Month for 12 Month			83.00			$996.00
Speech Therapy2: Group		X		30 Min/Week for 46 Week			52.00			$1,196.00

MAXIMUM TOTAL RELATED SERVICES COST (b) $ 3,066.00
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (A+B) $ 40,866.00
MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES $ 194.60

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. Pursuant to 34 CFR 300.9 and 34 CFR 300.300 parents and legal guardians are allowed, at any time subsequent to the initial provision of special education and related services to revoke their consent for special education and related services for their child /ward. Upon such revocation of consent, the responsible LEA may not continue to implement the child's last agreed upon and implemented IEP. However, the LEA must provide the parent/guardian with a 34 CFR 300.503 prior written notice before ceasing to provide the child with the special education and related services contained in his/her last agreed upon and implemented IEP. The Individual Services agreement attached to the student's last agreed upon IEP will end at the date noticed on the prior written notice and all associated nonpublic , nonsectarian school /agency services will cease as of the noticed date.

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 **7/1/2013** and terminates at 5:00 p.m. on **6/30/2014** unless sooner terminated as provided herein.

-CONTRACTOR-		-LOCAL EDUCATIONAL AGENCY-	
	7/17/2013		
(Authorized Signature)	(Date)	(Authorized Signature)	(Date)
Chris Holmes, Senior Vice President of Operations			
(Type or Print Name)		(Type or Print Name)	
Spectrum Center, Inc.		San Leandro Unified	
(Name of NPS/NPA)		(Name of District, SELPA, County Office)	
		14735 Juniper Street	
16360 San Pablo Ave.			
(Mailing Address)		(Mailing Address)	
San Pablo, CA 94806		San Leandro	CA 94579
(City/State/Zip Code)		(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
NAME OF NONPUBLIC SCHOOL/AGENCY: Spectrum Center, Inc.
PUPIL NAME: _____ _____ _____ SEX: (☐) M (☒) F
(Last) (First) (Middle)

PUPIL I.D./S.S. #: _____ BIRTHDATE: 5/6/2000 GRADE: 4.5 -
RESIDENTIAL SETTING: ☒ Home ☐ Foster ☐ LCI LCI PHONE # _____
PARENT/GUARDIAN: _____ PHONE: (_____) (_____)
(Residence) (Business)
PUPIL'S ADDRESS: _____ _____ CITY: San Leandro STATE: CA ZIP: 94578

NON EDUCATIONAL PLACING AGENCY: (If applicable) _____

CONTRACT TERMS:

1. The pupil's teacher/service provider will hold the following credential/ license: SH, LH,ED SPEC M/M, or ED SPEC M/S (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 1:5.
3. The length of the instructional program will be consistent with the Master Contract unless otherwise specified. per Spectrum Center calendar
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 210 × Per Diem $ $180.00 = Total Basic Education Costs (A) $ 37,800.00
(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	WKLY	HRLY	GROUP	# OF WKS	
Adaptive PE 1: Individual		X		30 Min/Week for 46 Week			76.00			$1,748.00
Occupational Therapy1: Consult		X		60 Min/Month for 12 Month			97.00			$1,164.00
Occupational Therapy1:		X		120 Min/Month for 12 Month			97.00			$2,328.00
Speech Therapy1: Consult		X		30 Min/Month for 12 Month			83.00			$498.00
Speech Therapy1: Individual		X		30 Min/Week for 46 Week			83.00			$1,909.00
One-to-one Aide Half Time		X		210 Day(s)	63.75				42.00	$13,387.50

MAXIMUM TOTAL RELATED SERVICES COST (b) $ 21,034.50
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (A+B) $ 58,834.50
MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES $ 280.16

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. Pursuant to 34 CFR 300.9 and 34 CFR 300.300 parents and legal guardians are allowed, at any time subsequent to the initial provision of special education and related services to revoke their consent for special education and related services for their child /ward. Upon such revocation of consent, the responsible LEA may not continue to implement the child's last agreed upon and implemented IEP. However, the LEA must provide the parent/guardian with a 34 CFR 300.503 prior written notice before ceasing to provide the child with the special education and related services contained in his/her last agreed upon and implemented IEP. The Individual Services agreement attached to the student's last agreed upon IEP will end at the date noticed on the prior written notice and all associated nonpublic , nonsectarian school /agency services will cease as of the noticed date.

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 **7/1/2013** and terminates at 5:00 p.m. on **6/30/2014** unless sooner terminated as provided herein.

-CONTRACTOR-		-LOCAL EDUCATIONAL AGENCY-	
	7/17/2013		
(Authorized Signature)	(Date)	(Authorized Signature)	(Date)
Chris Holmes, Senior Vice President of Operations			
(Type or Print Name)		(Type or Print Name)	
Spectrum Center, Inc.		San Leandro Unified	
(Name of NPS/NPA)		(Name of District, SELPA, County Office)	
		14735 Juniper Street	
16360 San Pablo Ave.			
(Mailing Address)		(Mailing Address)	
San Pablo, CA 94806		San Leandro	CA 94579
(City/State/Zip Code)		(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
NAME OF NONPUBLIC SCHOOL/AGENCY: Spectrum Center, Inc.
PUPIL NAME: _____ _____ _____ SEX: ☒ M ☐ F
(Last) (First) (Middle)

PUPIL I.D./S.S. #: _____ BIRTHDATE: 2/25/2001 GRADE: 4.5 -
RESIDENTIAL SETTING: ☒ Home ☐ Foster ☐ LCI CI PHONE # _____
PARENT/GUARDIAN: _____ PHONE: (_____) _____
(Residence) (Business)
PUPIL'S ADDRESS: _____ CITY: San Leandro STATE: CA ZIP: 94578

NON EDUCATIONAL PLACING AGENCY: (If applicable) _____

CONTRACT TERMS:

1. The pupil's teacher/service provider will hold the following credential/ license: SH, LH,ED SPEC M/M, or ED SPEC M/S (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 1:5.
3. The length of the instructional program will be consistent with the Master Contract unless otherwise specified. per Spectrum Center calendar
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 210 × Per Diem $ $180.00 = Total Basic Education Costs (A) $ 37,800.00
(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	Wkly	Hrly	Group	# of Wks	
Speech Therapy1: Consult		X		60 Min/Month for 12 Month			83.00			$996.00
Speech Therapy1: Individual		X		30 Min/Week for 46 Week			83.00			$1,909.00

MAXIMUM TOTAL RELATED SERVICES COST (b) $ 2,905.00
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (A+B) $ 40,705.00
MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES $ 193.83

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. Pursuant to 34 CFR 300.9 and 34 CFR 300.300 parents and legal guardians are allowed, at any time subsequent to the initial provision of special education and related services to revoke their consent for special education and related services for their child /ward. Upon such revocation of consent, the responsible LEA may not continue to implement the child's last agreed upon and implemented IEP. However, the LEA must provide the parent/guardian with a 34 CFR 300.503 prior written notice before ceasing to provide the child with the special education and related services contained in his/her last agreed upon and implemented IEP. The Individual Services agreement attached to the student's last agreed upon IEP will end at the date noticed on the prior written notice and all associated nonpublic , nonsectarian school /agency services will cease as of the noticed date.

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 **7/1/2013** and terminates at 5:00 p.m. on **6/30/2014** unless sooner terminated as provided herein.

-CONTRACTOR-		-LOCAL EDUCATIONAL AGENCY-	
	7/17/2013		
(Authorized Signature)	(Date)	(Authorized Signature)	(Date)
Chris Holmes, Senior Vice President of Operations			
(Type or Print Name)		(Type or Print Name)	
Spectrum Center, Inc.		San Leandro Unified	
(Name of NPS/NPA)		(Name of District, SELPA, County Office)	
		14735 Juniper Street	
16360 San Pablo Ave.			
(Mailing Address)		(Mailing Address)	
San Pablo, CA 94806		San Leandro	CA 94579
(City/State/Zip Code)		(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
NAME OF NONPUBLIC SCHOOL/AGENCY: Spectrum Center, Inc.
PUPIL NAME: _____ _____ _____ SEX: ☒ M ☐ F
(Last) (First) (Middle)

PUPIL I.D./S.S. #: _____ BIRTHDATE: 2/9/1993 GRADE: ____
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) _____

CONTRACT TERMS:

1. The pupil's teacher/service provider will hold the following credential/ license: SH, LH,ED SPEC M/M, or ED SPEC M/S (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 1:5.
3. The length of the instructional program will be consistent with the Master Contract unless otherwise specified. per Spectrum Center calendar
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 210 × Per Diem $ $180.00 = Total Basic Education Costs (A) $ 37,800.00
(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	Wkly	Hrly	Group	# of Wks	
Speech Therapy1: Consult		X		30 Min/Month for 12 Month			83.00			$498.00
Speech Therapy1: Individual		X		30 Min/Week for 46 Week			83.00			$1,909.00
One-to-one Aide		X		210 Day(s)	127.50				42.00	$26,775.00

MAXIMUM TOTAL RELATED SERVICES COST (b) $ 29,182.00
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (A+B) $ 66,982.00
MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES $ 318.96

INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES

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

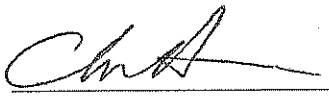
PUPIL NAME: _____ _____ _____

(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. Pursuant to 34 CFR 300.9 and 34 CFR 300.300 parents and legal guardians are allowed, at any time subsequent to the initial provision of special education and related services to revoke their consent for special education and related services for their child /ward. Upon such revocation of consent, the responsible LEA may not continue to implement the child's last agreed upon and implemented IEP. However, the LEA must provide the parent/guardian with a 34 CFR 300.503 prior written notice before ceasing to provide the child with the special education and related services contained in his/her last agreed upon and implemented IEP. The Individual Services agreement attached to the student's last agreed upon IEP will end at the date noticed on the prior written notice and all associated nonpublic , nonsectarian school /agency services will cease as of the noticed date.

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 **7/1/2013** and terminates at 5:00 p.m. on **6/30/2014** unless sooner terminated as provided herein.

-CONTRACTOR-		-LOCAL EDUCATIONAL AGENCY-	
	**7/17/2013**		
(Authorized Signature)	(Date)	(Authorized Signature)	(Date)
Chris Holmes, Senior Vice President of Operations			
(Type or Print Name)		(Type or Print Name)	
Spectrum Center, Inc.		San Leandro Unified	
(Name of NPS/NPA)		(Name of District, SELPA, County Office)	
		14735 Juniper Street	
16360 San Pablo Ave.			
(Mailing Address)		(Mailing Address)	
San Pablo, CA 94806		San Leandro	CA 94579
(City/State/Zip Code)		(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
NAME OF NONPUBLIC SCHOOL/AGENCY: Spectrum Center, Inc.
PUPIL NAME: _____ _____ _____ SEX: ☒ M ☐ F
(Last) (First) (Middle)

PUPIL I.D./S.S. #: _____ BIRTHDATE: 12/3/2003 GRADE: _____
RESIDENTIAL SETTING: ☒ Home ☐ Foster ☐ LCI LCI PHONE # _____
PARENT/GUARDIAN _____ PHONE: _____ (_____) _____
(Residence) (Business)
PUPIL'S ADDRESS: _____ CITY: San Leandro STATE: CA ZIP: 94578

NON EDUCATIONAL PLACING AGENCY: (If applicable) _____

CONTRACT TERMS:

1. The pupil's teacher/service provider will hold the following credential/ license: SH, LH,ED SPEC M/M, or ED SPEC M/S (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 1:5.
3. The length of the instructional program will be consistent with the Master Contract unless otherwise specified. per Spectrum Center calendar
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 210 × Per Diem $ $180.00 = Total Basic Education Costs (A) $ 37,800.00
(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	WKLY	HRLY	GROUP	# OF WKS	
Transport : Bus		X		210 day(s)	31.88				42.00	$6,694.80
Speech Therapy1: Individual		X		30 Min/Week for 46 Week			83.00			$1,909.00
Speech Therapy2: Group		X		30 Min/Week for 46 Week			52.00			$1,196.00
One-to-one Aide Half Time		X		210 Day(s)	63.75				42.00	$13,387.50

MAXIMUM TOTAL RELATED SERVICES COST (b) $ 23,187.30
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (A+B) $ 60,987.30
MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES $ 290.42

INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES

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

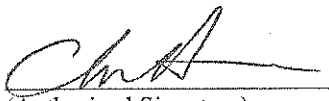
PUPIL NAME: _____

(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. Pursuant to 34 CFR 300.9 and 34 CFR 300.300 parents and legal guardians are allowed, at any time subsequent to the initial provision of special education and related services to revoke their consent for special education and related services for their child /ward. Upon such revocation of consent, the responsible LEA may not continue to implement the child's last agreed upon and implemented IEP. However, the LEA must provide the parent/guardian with a 34 CFR 300.503 prior written notice before ceasing to provide the child with the special education and related services contained in his/her last agreed upon and implemented IEP. The Individual Services agreement attached to the student's last agreed upon IEP will end at the date noticed on the prior written notice and all associated nonpublic , nonsectarian school /agency services will cease as of the noticed date.

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 **7/1/2013** and terminates at 5:00 p.m. on **6/30/2014** unless sooner terminated as provided herein.

-CONTRACTOR-		-LOCAL EDUCATIONAL AGENCY-	
	7/17/2013		
(Authorized Signature)	(Date)	(Authorized Signature)	(Date)
Chris Holmes, Senior Vice President of Operations			
(Type or Print Name)		(Type or Print Name)	
Spectrum Center, Inc.		San Leandro Unified	
(Name of NPS/NPA)		(Name of District, SELPA, County Office)	
		14735 Juniper Street	
16360 San Pablo Ave.			
(Mailing Address)		(Mailing Address)	
San Pablo, CA 94806		San Leandro	CA 94579
(City/State/Zip Code)		(City/State/Zip Code)	

Contract Year 2013-14 **Contract Number:**

LEA: San Leandro Unified School District

NONPUBLIC SCHOOL/AGENCY/RELATED SERVICES PROVIDER:

Spectrum Center

NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES MASTER CONTRACT

AUTHORIZATION FOR MASTER CONTRACT AND GENERAL PROVISIONS

1. MASTER CONTRACT

This Master Contract is entered into this 1st day of July, between the San Leandro Unified School District (hereinafter referred to as "LEA") and Spectrum Center (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.

Upon CONTRACTOR's acceptance of a pupil referred by the LEA, the LEA shall complete an Individual Services Agreement (hereinafter referred to as "ISA") as specified in the LEA Procedures which shall identify the provider of each service required by the pupil's IEP/IFSP). For purposes of enrollment, the LEA must provide

approval before any authorization for payment can be made. Such authorization may be provided electronically, by telecommunications, by mail or by fax. Unless otherwise agreed in writing, or in the pupil's ISA, CONTRACTOR acknowledges its obligation to provide all services specified in the pupil's IEP/IFSP. The LEA acknowledges its responsibility to pay for all services rendered to LEA pupils by CONTRACTOR. The ISA shall be executed within ninety (90) days of an LEA pupil's enrollment. (Education Code Section 56366(c)(1)) LEA and CONTRACTOR shall enter into an ISA for each LEA pupil served by CONTRACTOR. CONTRACTOR shall notify the LEA in writing in advance of providing any service(s) when CONTRACTOR is unable to meet the requirements of this Master Contract or of any Individual Services Agreement.

Unless placement is made pursuant to an Office of Administrative Hearings (hereinafter referred to as "OAH") order, a lawfully executed agreement between LEA and parent or authorized by LEA for a transfer student pursuant to California Education Code section 56325, LEA is not responsible for the costs associated with nonpublic school placement until the date on which an IEP team meeting is convened, the IEP team determines that a nonpublic school placement is appropriate, and the IEP is signed by the student's parent.

2. CERTIFICATION AND LICENSES

CONTRACTOR shall be certified by the California Department of Education (hereinafter referred to as "CDE") as a nonpublic, nonsectarian school/agency. All nonpublic school and nonpublic agency services shall be provided consistent with the area of certification specified by CDE Certification and as defined in California Education Code, section 56366 *et seq* and within the professional scope of practice of each provider's license, certification and/or credential. A current copy of CONTRACTOR's nonpublic school/agency certification or a waiver of such certification issued by the CDE pursuant to Education Code section 56366.2 must be provided to LEA on or before the date this contract is executed by CONTRACTOR. This Master Contract shall be null and void if such certification or waiver is expired, revoked, rescinded, or otherwise nullified during the effective period of this Master Contract. Total pupil enrollment shall be limited to capacity as stated on CDE certification.

In addition to meeting the certification requirements of the State of California, CONTRACTOR that operates a program outside of this State shall be certified or licensed by that state to provide, respectively, special education and related services and designated instruction and related services to pupils under the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.).

If CONTRACTOR is a licensed children's institution (hereinafter referred to as "LCI"), CONTRACTOR shall be licensed by the state, or other public agency having delegated authority by contract with the state to license, to provide nonmedical care to children, including, but not limited to, individuals with exceptional needs. The LCI must also comply with all licensing requirements relevant to the protection of the child, and have a special permit, if necessary, to meet the needs of each child so placed. If the CONTRACTOR operates a program outside of this State, CONTRACTOR must obtain all required licenses from the appropriate licensing agency in both California and in the state where the LCI is located.

A current copy of CONTRACTOR's licenses and nonpublic school/agency certifications, or a validly issued waiver of any such certification must be provided to LEA on or before the date this Master Contract is executed by CONTRACTOR. CONTRACTOR must immediately (and under no circumstances longer than three (3) calendar days) notify LEA if any such licenses, certifications or waivers are expired, suspended, revoked, rescinded, challenged pursuant to an administrative or legal complaint or lawsuit, or otherwise nullified during the effective period of this Master Contract. If any such licenses, certifications or waivers are expired, suspended, revoked, rescinded, or otherwise nullified during the effective period of this Master Contract, this Master Contract shall be null and void.

Notwithstanding the foregoing, if current (re)certification documents are not available through no fault of the NPS/A, this Master Contract shall remain in effect until such documents are made available to the NPS/A, which shall in turn submit copies of same to the LEA within five (5) business days of receipt by the NPS/A. The NPS/A shall, within five (5) business days of any change in the status of its approved capacity to serve a specific number of pupils notify the LEA of the change.

3. COMPLIANCE WITH LAWS, STATUTES, REGULATIONS

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. Basic Education Program/Special Education Instruction	$180.00	Day
Basic Education Program/Dual Enrollment*		

*Per Diem rates for LEA pupils whose IEP/IFSPs 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 *3rd Party Cost Plus 10%*	*Admin Fee*	Day
	b. Transportation – One Way		
	c. Transportation-Dual Enrollment		
	d. Parent*		
(2)	a. Educational Counseling – Individual	$48.50	½ Hour
	b. Educational Counseling – Group of ____	$37.00	½ Hour
	c. Counseling – Parent	$48.50	½ Hour
(3)	a. Adapted Physical Education – Individual	$38.00	½ Hour
	b. Adapted Physical Education – Group of ____	$27.00	½ Hour
	c. Adapted Physical Education – Group of ____	$27.00	½ Hour
(4)	a. Language and Speech Therapy – Individual	$41.50	½ Hour
	b. Language and Speech Therapy – Group of 2	$26.00	½ Hour
	c. Language and Speech Therapy – Group of 3	$26.00	½ Hour
	d. Language and Speech Therapy – Per diem		
	e. Language and Speech - Consultation Rate	$41.50	½ Hour
(5)	a. Additional Adult Assistance - Individual (must be authorized on IEP/IFSP)	$127.50	Day
	b. Additional Adult Assistance – Group of 2	$63.75	Day
	c. Additional Adult Assistance – Group of 3		
(6)	Intensive Special Education Instruction, by credentialed special education teacher		
(7)	a. Occupational Therapy – Individual	$48.50	½ Hour
	b. Occupational Therapy – Group of 2	$39.00	½ Hour
	c. Occupational Therapy – Group of 3	$39.00	½ Hour
	d. Occupational Therapy – Group of 4 - 7	$39.00	½ Hour
	e. Occupational Therapy - Consultation Rate	$48.50	½ Hour
(8)	Physical Therapy		
(9)	a. Behavior Intervention – BII	$14.50	½ Hour
	b. Behavior Intervention – BID		
	Provided by: _____		
(10)	Nursing Services		
(11)	Other: Psychological Services other than Assessment and IEP	I: $48.50 G: $37.00	½ Hour
(12)	Home or Hospital Instruction		
(13)	Residential Placement Services:		
	a. Educationally Related Mental Health		
	b. Board and Care		
(14)	Other Assistive Technology	$40.50	½ Hour

provide assistance for such examination or audit. LEA's rights under this section shall also include access to CONTRACTOR's offices for purposes of interviewing CONTRACTOR's employees. If any document or evidence is stored in an electronic form, a hard copy shall be made available to the LEA, unless the LEA agrees to the use of the electronic format. CONTRACTOR may request from the LEA an extension of time to comply with any records request, which shall not be unreasonably withheld.

If an inspection, review, or audit by the LEA, a state agency, a federal agency, and/or an independent agency/firm determines that the CONTRACTOR or the LEA owes the other monies as a result of over billing, underpayment, or failure to perform, in whole or in part, any of its obligations under this Master Contract, the party owed money shall provide to the other party written notice demanding payment and specifying the basis or bases for such demand. Unless otherwise agreed in writing, the party that owes money shall make such payment within thirty (30) days of receipt of the written notice demanding payment. In the event that a party from whom payment is demanded disputes that any payment is owed, the matter shall be resolve in accordance with the dispute resolution section of this Master Contract.

The attached rate schedule limits the number of LEA students that may be enrolled and maximum dollar amount of the contract. It may also limit the maximum number of students that can be provided specific services. Per diem rates for LEA students whose IEPs authorize less than a full instructional day shall be adjusted proportionally. Special education and/or related services offered by CONTRACTOR, shall be provided by qualified personnel as per State and Federal law, and the codes and charges for such educational and/or related services during the term of this contract, shall be as stated in Section 62.

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 2013, and terminates at 5:00 p.m. on June 30, 2014, unless sooner terminated as provided herein.

CONTRACTOR	**SCHOOL DISTRICT/SELPA**
Spectrum Center, Inc.	San Leandro Unified School District
Signature 6/24/13 *Date*	*Signature* *Date*
	Signature *Date*
Name and Title of Authorized Representative Chris Holmes Senior Vice President of Operations	Name and Title of Authorized Representative:
Notices to CONTRACTOR shall be addressed to: Name Chris Holmes	Notices to LEA shall be addressed to: San Leandro Unified School District
Address 16360 San Pablo Ave.	Address 14735 Juniper Street
City State Zip San Pablo, CA 94806	City State Zip San Leandro CA 94579
Phone: 510-741-2729 (Kerstin Phillips) Fax: 510-724-2913 E-mail: kphillips@spectrumschools.com Website: www.spectrumschools.com	Phone: (510) 667-3507 Fax: (510) 614-1075 E-mail: dpoeschl@slusd.us Website: www.sanleandro.k12.ca.us