INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES

(Education Code sections 56365, 56366, et seq.) (Page 1 of 2) Date: 05/02/14

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

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

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

PUPIL I.D#/S.S.#: _____ BIRTHDATE: 09/28/04 GRADE: Ungraded

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

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

ADDRESS: _____ CITY: San Leandro STATE: CA ZIP: 94577-2825

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 35 X Per Diem $ 159.00 = TOTAL BASIC EDUCATION COSTS (A) $ 5,565.00
(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. Mental Heath				Mental Health Services $2.61/minute Case Management Service $2.02/minute Medication Support $4.82/minute Crisis Intervention $3.88/minute					
6.									

MAXIMUM TOTAL RELATED SERVICES COST (b) $ 0.00
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (a+b) $ 5,565.00
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.) Date: 05/02/14

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 May 2, 2014 and terminates at 5:00 p.m. on June 30, 2014 unless sooner terminated as provided herein.

CONTRACTOR		**LOCAL EDUCATIONAL AGENCY**	
(Authorized Signature)	(Date)	(Authorized Signature)	(Date)
Jamie Tang (Type or Print Name)	Acct Mgr Title	Mike McLaughlin (Type or Print Name)	Superintendent (Title)
Seneca Family of Agencies. (Name of NPS/NPA)		San Leandro Unified School District (Name of District, SELPA, County Office)	
2275 Arlington Drive (Mailing Address)		14735 Juniper Street (Mailing Address)	
San Leandro, CA 94578 (City/State/Zip Code)		San Leandro, CA 94579 (City/State/Zip Code)	

NAME OF FOSTER/LCI: _____ LCI No: _____

ADDRESS: _____

PHONE: _____

INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES

(Education Code sections 56365, 56366, et seq.) (Page 1 of 2) Date: 05/15/14

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

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

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

PUPIL I.D#/S.S.#: _____ BIRTHDATE: 12/09/98 GRADE: Ungraded

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

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

ADDRESS: _____ _____ CITY: San Leandro STATE: CA ZIP: 94577-1621

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 26 X Per Diem $ 159.00 = TOTAL BASIC EDUCATION COSTS (A) $ 4,134.00
(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. Mental Health				Mental Health Services $2.61/minute Case Management Service $2.02/minute Medication Support $4.82/minute Crisis Intervention $3.88/minute					
6.									

MAXIMUM TOTAL RELATED SERVICES COST (b) $ 0.00
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (a+b) $ 4,134.00
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.) Date: 05/15/14

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

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The parties hereto have executed this contract by and through their duly authorized agents or representatives. This contract is effective on May 15, 2014 and terminates at 5:00 p.m. on June 30, 2014 unless sooner terminated as provided herein.

CONTRACTOR

_____ _____
(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)

Mike McLaughlin Superintendent
(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: _____