Contract Year 2014-15 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 2014, 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.

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	$183.00	Per 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		
	b. Transportation – One Way		
	c. Transportation-Dual Enrollment		
	d. Parent*		
(2)	a. Educational Counseling – Individual	$49.50	½ Hour
	b. Educational Counseling – Group of ____	$37.50	½ Hour
	c. Counseling – Parent	$49.50	½ Hour
(3)	a. Adapted Physical Education – Individual	$38.50	½ Hour
	b. Adapted Physical Education – Group of ____	$27.50	½ Hour
	c. Adapted Physical Education – Group of ____	$27.50	½ Hour
(4)	a. Language and Speech Therapy – Individual	$42.00	½ Hour
	b. Language and Speech Therapy – Group of 2	$26.50	½ Hour
	c. Language and Speech Therapy – Group of 3	$26.50	½ Hour
	d. Language and Speech Therapy – Per diem		
	e. Language and Speech - Consultation Rate	$42.00	½ Hour
(5)	a. Additional Adult Assistance - Individual (must be authorized on IEP/IFSP)	$130.00	Day
	b. Additional Adult Assistance – Group of 2	$65.00	Day
	c. Additional Adult Assistance – Group of 3		
(6)	Intensive Special Education Instruction, by credentialed special education teacher		
(7)	a. Occupational Therapy – Individual	$49.50	½ Hour
	b. Occupational Therapy – Group of 2	$39.50	½ Hour
	c. Occupational Therapy – Group of 3	$39.50	½ Hour
	d. Occupational Therapy – Group of 4 - 7	$39.50	½ Hour
	e. Occupational Therapy - Consultation Rate	$49.50	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	$49.50	½ Hour
(12)	Home or Hospital Instruction		
(13)	Residential Placement Services:		
	a. Educationally Related Mental Health		

	b. Board and Care		
(14)	Other: Assistive Technology	$41.00	½ Hour
(15)	Other: Adaptive Physical Education Evaluation	$129.00	Evaluation
(16)	Other: Language and Speech Therapy Evaluation	$282.50	Evaluation
(17)	Other: Occupational Therapy Evaluation	$357.50	Evaluation

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 2014, and terminates at 5:00 p.m. on June 30, 2015, unless sooner terminated as provided herein.

CONTRACTOR Spectrum Center	**SCHOOL DISTRICT/SELPA** **San Leandro Unified School District**
Signature Chris Holmes *Date* 7/29/14	*Signature* *Date*
	Signature *Date*
Name and Title of Authorized Representative Chris Holmes	Name and Title of Authorized Representative: Mike McLaughlin, Superintendent
Notices to CONTRACTOR shall be addressed to: Name Spectrum Center	Notices to LEA shall be addressed to: San Leandro Unified School District
Address 16360 San Pablo Avenue	Address 14735 Juniper Street
City State Zip San Pablo CA 94806	City State Zip San Leandro CA 94579
Phone: (510) 741-2729 Fax: (510) 724-2913 E-mail: dniemoeller@spectrumschools.com Website: www.spectrumschools.com	Phone: (510) 667-3507 Fax: (510) 614-1075 E-mail: vforrester@slusd.us Website: www.sanleandro.k12.ca.us

AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on **7/1/2014** or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2015, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency(LEA)	**San Leandro Unified**		**Nonpublic School/Agency**	Spectrum Center	
Address	14735 Juniper Street		**Address**	16360 San Pablo Ave.	
City, State Zip	San Leandro CA 94579		**City, State, Zip**	San Pablo, CA 94806	
LEA Case Manager			**Phone**	510-741-2729	**Fax** 510-724-2913
			e-Mail	dniemoeller@spectrumschools.com	
Student Last Name		**Student First Name**	**Program Contact Name**		
			Phone		**Fax**
D.O.B.	2/9/1993	**I.D. #**	**e-Mail**		
Grade	**Level**	**Sex** (X) M ( ) F	**Education Schedule – Regular School Year**		
Parent/ Guardian Last Name		**Parent/ Guardian First Name**	**Number of Days**	180	**Number of Weeks**
			Education Schedule – Extended School Year		
			Number of Days	30	**Number of Weeks**
Address			**Contract Begins**	7/1/2014	**Ends** 6/30/2015
City, State, Zip	San Leandro CA 94577		**Master Contract Approved by the Governing Board on**		
Home Phone		**Business**			

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICES	**PROVIDER**				**Cost and Duration of Session**	**Number of Sessions per wk/mo/yr**	**Maximum Number of Sessions**		**Estimated Maximum Total Cost for Contracted Period**
	LEA	**NPS**	**NPA**	**OTHER** Specify			**Reg School Year**	**ESY**	
BASIC EDUCATION		X			$183.00 per Day	210			$ 38,430.00
RELATED SERVICES									
Speech Therapy1: Consult Consult only		X			$ 84.00 per Hour	30 Min/Month for 12 Month			$504.00
Speech Therapy1: Individual Ind or Grp		X			$ 84.00 per Hour	30 Min/Week for 45 Week			$1,890.00

STUDENT NAME: Bayne Joshua DATE OF IEP: _____

RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
One-to-one Aide		X			130.00 /Day	210			$27,300.00
						TOTAL COST			$ 68,124.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ 29,694.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 68,124.00

4. Other Provisions/Attachments:

_____

_____

5. Progress Reporting Requirements: X Quarterly _____ Monthly _____ Other (Specify) _____

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON

_____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

Spectrum Center
(Name of Nonpublic School/Agency)

JUL 29 2014
(Signature) (Date)

Chris Holmes, Sr. VP of Operations
(Name and Title)

-DISTRICT-

San Leandro Unified
(Name of School District)

_____
(Signature) (Date)

_____
(Name of Superintendent or Authorized Designee)

AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on **7/1/2014** or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2015, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency(LEA)	**San Leandro Unified**		**Nonpublic School/Agency**	Spectrum Center	
Address	14735 Juniper Street		**Address**	16360 San Pablo Ave.	
City, State Zip	San Leandro CA 94579		**City, State, Zip**	San Pablo, CA 94806	
LEA Case Manager			**Phone**	510-741-2729	**Fax** 510-724-2913
			e-Mail	dniemoeller@spectrumschools.com	
Student Last Name		**Student First Name**	**Program Contact Name**		
			Phone		**Fax**
D.O.B.	2/25/2001	**I.D. #**	**e-Mail**		
Grade	**Level**	**Sex** (X) M ( ) F	**Education Schedule – Regular School Year**		
Parent/ Guardian Last Name		**Parent/ Guardian First Name**	**Number of Days**	180	**Number of Weeks**
			Education Schedule – Extended School Year		
			Number of Days	30	**Number of Weeks**
Address			**Contract Begins**	7/1/2014	**Ends** 6/30/2015
City, State, Zip	San Leandro CA 94578		**Master Contract Approved by the Governing Board on**		
Home Phone		**Business**			

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICES	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
BASIC EDUCATION		X			$183.00 per Day	210			$ 38,430.00
RELATED SERVICES									
Speech Therapy1: Consult Consult only		X			$ 84.00 per Hour	30 Min/Month for 12 Month			$504.00
Speech Therapy1: Individual Ind only		X			$ 84.00 per Hour	30 Min/Week for 45 Week			$1,890.00

STUDENT NAME: Cardenas Andres DATE OF IEP: _____

RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
One-to-one Aide Half Time		X			65.00 /Day	210			$13,650.00
						TOTAL COST			$ 54,474.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ 16,044.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 54,474.00

4. Other Provisions/Attachments:

_____

_____

5. Progress Reporting Requirements: X Quarterly _____ Monthly _____ Other (Specify) _____

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

Spectrum Center
(Name of Nonpublic School/Agency)

JUL 29 2014
(Signature) (Date)

Chris Holmes, Sr. VP of Operations
(Name and Title)

-DISTRICT-

San Leandro Unified
(Name of School District)

(Signature) (Date)

(Name of Superintendent or Authorized Designee)

AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on **7/1/2014** or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2015, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency(LEA)	**San Leandro Unified**			**Nonpublic School/Agency**	Spectrum Center		
Address	14735 Juniper Street			**Address**	16360 San Pablo Ave.		
City, State Zip	San Leandro CA 94579			**City, State, Zip**	San Pablo, CA 94806		
LEA Case Manager				**Phone**	510-741-2729	**Fax**	510-724-2913
				e-Mail	dniemoeller@spectrumschools.com		
Student Last Name		**Student First Name**		**Program Contact Name**			
				Phone		**Fax**	
D.O.B.	12/26/1994	**I.D. #**		**e-Mail**			
Grade	**Level**	**Sex**	(X) M ( ) F	**Education Schedule – Regular School Year**			
Parent/ Guardian Last Name		**Parent/ Guardian First Name**		**Number of Days**	180	**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days	30	**Number of Weeks**	
Address				**Contract Begins**	7/1/2014	**Ends**	6/30/2015
City, State, Zip	San Leandro CA			**Master Contract Approved by the Governing Board on**			
Home Phone		**Business**					

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICES	**PROVIDER**				**Cost and Duration of Session**	**Number of Sessions per wk/mo/yr**	**Maximum Number of Sessions**		**Estimated Maximum Total Cost for Contracted Period**
	LEA	**NPS**	**NPA**	**OTHER** Specify			**Reg School Year**	**ESY**	
BASIC EDUCATION		X			$183.00 per Day	210			$ 38,430.00
RELATED SERVICES									
Speech Therapy1: Consult Consult only		X			$ 84.00 per Hour	30 Min/Month for 12 Month			$504.00
Speech Therapy2: Group Grp only		X			$ 53.00 per Hour	30 Min/Week for 45 Week			$1,192.50

STUDENT NAME: Delgadillo Manuel DATE OF IEP: _____

RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
						TOTAL COST			$ 40,126.50

ESTIMATED MAXIMUM RELATED SERVICES COST $ 1,696.50

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 40,126.50

4. Other Provisions/Attachments:

_____

_____

5. Progress Reporting Requirements: X Quarterly _____ Monthly _____ Other (Specify) _____

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

Spectrum Center
(Name of Nonpublic School/Agency)

JUL 29 2014
(Signature) (Date)

Chris Holmes, Sr. VP of Operations
(Name and Title)

-DISTRICT-

San Leandro Unified
(Name of School District)

(Signature) (Date)

(Name of Superintendent or Authorized Designee)

AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on **7/1/2014** or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2015, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency(LEA)	**San Leandro Unified**		**Nonpublic School/Agency**	Spectrum Center	
Address	14735 Juniper Street		**Address**	16360 San Pablo Ave.	
City, State Zip	San Leandro CA 94579		**City, State, Zip**	San Pablo, CA 94806	
LEA Case Manager			**Phone**	510-741-2729	**Fax** 510-724-2913
			e-Mail	dniemoeller@spectrumschools.com	
Student Last Name		**Student First Name**	**Program Contact Name**		
			Phone		**Fax**
D.O.B.	12/3/2003	**I.D. #**	**e-Mail**		
Grade	**Level**	**Sex** (X) M ( ) F	**Education Schedule – Regular School Year**		
Parent/ Guardian Last Name		**Parent/ Guardian First Name**	**Number of Days**	180	**Number of Weeks**
			Education Schedule – Extended School Year		
			Number of Days	30	**Number of Weeks**
Address			**Contract Begins**	7/1/2014	**Ends** 6/30/2015
City, State, Zip	San Leandro CA 94578		**Master Contract Approved by the Governing Board on**		
Home Phone		**Business**			

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICES	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
BASIC EDUCATION		X			$183.00 per Day	210			$ 38,430.00
RELATED SERVICES									
Speech Therapy1: Individual Ind only		X			$ 84.00 per Hour	30 Min/Week for 45 Week			$1,890.00
Speech Therapy2: Group Grp only		X			$ 53.00 per Hour	30 Min/Week for 45 Week			$1,192.50

STUDENT NAME: Esau Christian DATE OF IEP: _____

RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
Transport : Bus Aide		X			31.88 /Day	210			$6,694.80
One-to-one Aide Half Time		X			65.00 /Day	210			$13,650.00
						TOTAL COST			$ 61,857.30

ESTIMATED MAXIMUM RELATED SERVICES COST $ 23,427.30

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 61,857.30

4. Other Provisions/Attachments:

_____

_____

5. Progress Reporting Requirements: X Quarterly _____ Monthly _____ Other (Specify) _____

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON

_____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

Spectrum Center
(Name of Nonpublic School/Agency)

JUL 29 2014
(Signature) (Date)

Chris Holmes, Sr. VP of Operations
(Name and Title)

-DISTRICT-

San Leandro Unified
(Name of School District)

(Signature) (Date)

(Name of Superintendent or Authorized Designee)

AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on **7/7/2014** or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2015, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency(LEA)	**San Leandro Unified**			**Nonpublic School/Agency**	Spectrum Center		
Address	14735 Juniper Street			**Address**	16360 San Pablo Ave.		
City, State Zip	San Leandro CA 94579			**City, State, Zip**	San Pablo, CA 94806		
LEA Case Manager				**Phone**	510-741-2729	**Fax**	510-724-2913
				e-Mail	dniemoeller@spectrumschools.com		
Student Last Name		**Student First Name**		**Program Contact Name**			
				Phone		**Fax**	
D.O.B.	1/27/2001	**I.D. #**		**e-Mail**			
Grade	**Level**	**Sex**	(X) M ( ) F	**Education Schedule – Regular School Year**			
Parent/ Guardian Last Name		**Parent/ Guardian First Name**		**Number of Days**	180	**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days	30	**Number of Weeks**	
Address				**Contract Begins**	7/7/2014	**Ends**	7/22/2014
City, State, Zip	San Leandro CA 94578			**Master Contract Approved by the Governing Board on**			
Home Phone		**Business**					

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICES	**PROVIDER**				**Cost and Duration of Session**	**Number of Sessions per wk/mo/yr**	**Maximum Number of Sessions**		**Estimated Maximum Total Cost for Contracted Period**
	LEA	**NPS**	**NPA**	**OTHER** Specify			**Reg School Year**	**ESY**	
BASIC EDUCATION		X			$183.00 per Day	12			$ 2,196.00
RELATED SERVICES									

STUDENT NAME: Evans David DATE OF IEP: _____

RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
						TOTAL COST			$ 2,196.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ 0.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 2,196.00

4. Other Provisions/Attachments:

_____

_____

5. Progress Reporting Requirements: X Quarterly _____ Monthly _____ Other (Specify) _____

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

Spectrum Center
(Name of Nonpublic School/Agency)

JUL 29 2014
(Signature) (Date)

Chris Holmes, Sr. VP of Operations
(Name and Title)

-DISTRICT-

San Leandro Unified
(Name of School District)

_____
(Signature) (Date)

_____
(Name of Superintendent or Authorized Designee)

AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on **7/1/2014** or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2015, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency(LEA)	**San Leandro Unified**		**Nonpublic School/Agency**	Spectrum Center	
Address	14735 Juniper Street		**Address**	16360 San Pablo Ave.	
City, State Zip	San Leandro CA 94579		**City, State, Zip**	San Pablo, CA 94806	
LEA Case Manager			**Phone**	510-741-2729	**Fax** 510-724-2913
			e-Mail	dniemoeller@spectrumschools.com	
Student Last Name		**Student First Name**	**Program Contact Name**		
			Phone		**Fax**
D.O.B.	6/5/1996	**I.D. #**	**e-Mail**		
Grade	**Level**	**Sex** (X) M ( ) F	**Education Schedule – Regular School Year**		
Parent/ Guardian Last Name		**Parent/ Guardian First Name**	**Number of Days**	180	**Number of Weeks**
			Education Schedule – Extended School Year		
			Number of Days	30	**Number of Weeks**
Address			**Contract Begins**	7/1/2014	**Ends** 6/30/2015
City, State, Zip	San Leandro CA 94577		**Master Contract Approved by the Governing Board on**		
Home Phone		**Business**			

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICES	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
BASIC EDUCATION		X			$183.00 per Day	210			$ 38,430.00
RELATED SERVICES									
Adaptive PE 1: Individual Ind only		X			$ 77.00 per Hour	30 Min/Week for 45 Week			$1,732.50
Occupational Therapy1: Consult Consult only		X			$ 99.00 per Hour	45 Min/Month for 12 Month			$891.00
Occupational Therapy2: Group Grp only		X			$ 79.00 per Hour	60 Min/Week for 45 Week			$3,555.00
Speech Therapy1: Consult Consult only		X			$ 84.00 per Hour	30 Min/Month for 12 Month			$504.00
Speech Therapy2: Group Grp only		X			$ 53.00 per Hour	30 Min/Week for 45 Week			$1,192.50

STUDENT NAME: Landerth Deion DATE OF IEP: _____

RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
						TOTAL COST			$ 46,305.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ 7,875.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 46,305.00

4. Other Provisions/Attachments:

_____

_____

5. Progress Reporting Requirements: X Quarterly _____ Monthly _____ Other (Specify) _____

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

Spectrum Center
(Name of Nonpublic School/Agency)

JUL 29 2014
(Signature) (Date)

Chris Holmes, Sr. VP of Operations
(Name and Title)

-DISTRICT-

San Leandro Unified
(Name of School District)

(Signature) (Date)

(Name of Superintendent or Authorized Designee)

AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on **7/1/2014** or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2015, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency(LEA)	**San Leandro Unified**		**Nonpublic School/Agency**	Spectrum Center	
Address	14735 Juniper Street		**Address**	16360 San Pablo Ave.	
City, State Zip	San Leandro CA 94579		**City, State, Zip**	San Pablo, CA 94806	
LEA Case Manager			**Phone** 510-741-2729	**Fax** 510-724-2913	
			e-Mail dniemoeller@spectrumschools.com		
Student Last Name		**Student First Name**	**Program Contact Name**		
			Phone	**Fax**	
D.O.B. 2/16/1994	**I.D. #**		**e-Mail**		
Grade	**Level**	**Sex** (X) M ( ) F	**Education Schedule – Regular School Year**		
Parent/ Guardian Last Name		**Parent/ Guardian First Name**	**Number of Days** 180	**Number of Weeks**	
			Education Schedule – Extended School Year		
			Number of Days 30	**Number of Weeks**	
Address			**Contract Begins** 7/1/2014	**Ends** 6/30/2015	
City, State, Zip	San Leandro CA 94577		**Master Contract Approved by the Governing Board on**		
Home Phone	**Business**				

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICES	**PROVIDER**				**Cost and Duration of Session**	**Number of Sessions per wk/mo/yr**	**Maximum Number of Sessions**		**Estimated Maximum Total Cost for Contracted Period**
	LEA	**NPS**	**NPA**	**OTHER** Specify			**Reg School Year**	**ESY**	
BASIC EDUCATION		X			$183.00 per Day	210			$ 38,430.00
RELATED SERVICES									
Occupational Therapy1: Consult Consult only		X			$ 99.00 per Hour	60 Min/Month for 12 Month			$1,188.00
Speech Therapy1: Individual Ind only		X			$ 84.00 per Hour	30 Min/Week for 45 Week			$1,890.00

STUDENT NAME: Liu Harry DATE OF IEP: _____

RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
One-to-one Aide		X			130.00 /Day	210			$27,300.00
						TOTAL COST			$ 68,808.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ 30,378.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 68,808.00

4. Other Provisions/Attachments:

_____

_____

5. Progress Reporting Requirements: X Quarterly _____ Monthly _____ Other (Specify) _____

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

Spectrum Center
(Name of Nonpublic School/Agency)

JUL 29 2014
(Signature) (Date)

Chris Holmes, Sr. VP of Operations
(Name and Title)

-DISTRICT-

San Leandro Unified
(Name of School District)

(Signature) (Date)

(Name of Superintendent or Authorized Designee)

AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on **7/1/2014** or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2015, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency(LEA)	**San Leandro Unified**		**Nonpublic School/Agency**	Spectrum Center	
Address	14735 Juniper Street		**Address**	16360 San Pablo Ave.	
City, State Zip	San Leandro CA 94579		**City, State, Zip**	San Pablo, CA 94806	
LEA Case Manager			**Phone** 510-741-2729	**Fax**	510-724-2913
			e-Mail	dniemoeller@spectrumschools.com	
Student Last Name		**Student First Name**	**Program Contact Name**		
			Phone	**Fax**	
D.O.B.	6/7/2004	**I.D. #**	**e-Mail**		
Grade	**Level**	**Sex** (X) M ( ) F	**Education Schedule – Regular School Year**		
Parent/ Guardian Last Name		**Parent/ Guardian First Name**	**Number of Days** 180	**Number of Weeks**	
			Education Schedule – Extended School Year		
			Number of Days 30	**Number of Weeks**	
Address			**Contract Begins** 7/1/2014	**Ends**	6/30/2015
City, State, Zip	San Leandro CA 94578		**Master Contract Approved by the Governing Board on**		
Home Phone		**Business**			

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICES	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
BASIC EDUCATION		X			$183.00 per Day	210			$ 38,430.00
RELATED SERVICES									
Occupational Therapy1: Consult Consult only		X			$ 99.00 per Hour	30 Min/Month for 12 Month			$594.00
Occupational Therapy1: Ind only		X			$ 99.00 per Hour	30 Min/Week for 45 Week			$2,227.50
Speech Therapy1: Consult Consult only		X			$ 84.00 per Hour	30 Min/Month for 12 Month			$504.00
Speech Therapy1: Individual Ind only		X			$ 84.00 per Hour	30 Min/Week for 45 Week			$1,890.00

STUDENT NAME: McCullough Jerome DATE OF IEP: _____

RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
One-to-one Aide		X			130.00 /Day	210			$27,300.00
						TOTAL COST			$ 70,945.50

ESTIMATED MAXIMUM RELATED SERVICES COST $ 32,515.50

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 70,945.50

4. Other Provisions/Attachments:

_____

_____

5. Progress Reporting Requirements: X Quarterly _____ Monthly _____ Other (Specify) _____

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

Spectrum Center
(Name of Nonpublic School/Agency)

JUL 29 2014
(Signature) (Date)

Chris Holmes, Sr. VP of Operations
(Name and Title)

-DISTRICT-

San Leandro Unified
(Name of School District)

(Signature) (Date)

(Name of Superintendent or Authorized Designee)

AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on **7/1/2014** or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2015, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency(LEA)	**San Leandro Unified**		**Nonpublic School/Agency**	Spectrum Center	
Address	14735 Juniper Street		**Address**	16360 San Pablo Ave.	
City, State Zip	San Leandro CA 94579		**City, State, Zip**	San Pablo, CA 94806	
LEA Case Manager			**Phone**	510-741-2729	**Fax** 510-724-2913
			e-Mail	dniemoeller@spectrumschools.com	
Student Last Name		**Student First Name**	**Program Contact Name**		
			Phone		**Fax**
D.O.B.	3/13/1995	**I.D. #**	**e-Mail**		
Grade	**Level**	**Sex** (X) M ( ) F	**Education Schedule – Regular School Year**		
Parent/ Guardian Last Name		**Parent/ Guardian First Name**	**Number of Days**	180	**Number of Weeks**
			Education Schedule – Extended School Year		
			Number of Days	30	**Number of Weeks**
Address			**Contract Begins**	7/1/2014	**Ends** 6/30/2015
City, State, Zip	San Leandro CA 94577		**Master Contract Approved by the Governing Board on**		
Home Phone		**Business**			

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICES	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
BASIC EDUCATION		X			$183.00 per Day	210			$ 38,430.00
RELATED SERVICES									
Speech Therapy1: Consult Consult only		X			$ 84.00 per Hour	60 Min/Month for 12 Month			$1,008.00

STUDENT NAME: Mendoza Abraham DATE OF IEP: _____

RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
One-to-one Aide		X			130.00 /Day	210			$27,300.00
						TOTAL COST			$ 66,738.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ 28,308.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 66,738.00

4. Other Provisions/Attachments:

_____

_____

5. Progress Reporting Requirements: X Quarterly _____ Monthly _____ Other (Specify) _____

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

Spectrum Center
(Name of Nonpublic School/Agency)

JUL 2 9 2014
(Signature) (Date)

Chris Holmes, Sr. VP of Operations
(Name and Title)

-DISTRICT-

San Leandro Unified
(Name of School District)

(Signature) (Date)

(Name of Superintendent or Authorized Designee)

AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on **7/1/2014** or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2015, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency(LEA)	**San Leandro Unified**	**Nonpublic School/Agency**	Spectrum Center
Address	14735 Juniper Street	**Address**	16360 San Pablo Ave.
City, State Zip	San Leandro CA 94579	**City, State, Zip**	San Pablo, CA 94806
LEA Case Manager		**Phone** 510-741-2729 **Fax** 510-724-2913	
		e-Mail dniemoeller@spectrumschools.com	
Student Last Name	**Student First Name**	**Program Contact Name**	
		Phone	**Fax**
D.O.B. 11/23/1997	**I.D. #**	**e-Mail**	
Grade **Level** **Sex** (X) M ( ) F		**Education Schedule – Regular School Year**	
Parent/ Guardian Last Name	**Parent/ Guardian First Name**	**Number of Days** 180 **Number of Weeks**	
		Education Schedule – Extended School Year	
		Number of Days 30 **Number of Weeks**	
Address		**Contract Begins** 7/1/2014 **Ends** 6/30/2015	
City, State, Zip San Leandro CA 94577		**Master Contract Approved by the Governing Board on**	
Home Phone	**Business**		

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICES	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
BASIC EDUCATION		X			$183.00 per Day	210			$ 38,430.00
RELATED SERVICES									
Speech Therapy2: Group Grp only		X			$ 53.00 per Hour	30 Min/Week for 45 Week			$1,192.50

STUDENT NAME: Mora Brando DATE OF IEP: _____

RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
One-to-one Aide		X			130.00 /Day	210			$27,300.00
						TOTAL COST			$ 66,922.50

ESTIMATED MAXIMUM RELATED SERVICES COST $ 28,492.50

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 66,922.50

4. Other Provisions/Attachments:

_____

_____

5. Progress Reporting Requirements: X Quarterly _____ Monthly _____ Other (Specify) _____

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

Spectrum Center
(Name of Nonpublic School/Agency)

(Signature) JUL 29 2014 (Date)

Chris Holmes, Sr. VP of Operations
(Name and Title)

-DISTRICT-

San Leandro Unified
(Name of School District)

(Signature) (Date)

(Name of Superintendent or Authorized Designee)

AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on **7/1/2014** or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2015, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency(LEA)	**San Leandro Unified**		**Nonpublic School/Agency**	Spectrum Center	
Address	14735 Juniper Street		**Address**	16360 San Pablo Ave.	
City, State Zip	San Leandro CA 94579		**City, State, Zip**	San Pablo, CA 94806	
LEA Case Manager			**Phone**	510-741-2729	**Fax** 510-724-2913
			e-Mail	dniemoeller@spectrumschools.com	
Student Last Name		**Student First Name**	**Program Contact Name**		
			Phone		**Fax**
D.O.B.	5/6/2000	**I.D. #**	**e-Mail**		
Grade	**Level**	**Sex** ( ) M (X) F	**Education Schedule – Regular School Year**		
Parent/ Guardian Last Name		**Parent/ Guardian First Name**	**Number of Days**	180	**Number of Weeks**
			Education Schedule – Extended School Year		
			Number of Days	30	**Number of Weeks**
Address			**Contract Begins**	7/1/2014	**Ends** 6/30/2015
City, State, Zip	San Leandro CA 94578		**Master Contract Approved by the Governing Board on**		
Home Phone		**Business**			

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICES	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
BASIC EDUCATION		X			$183.00 per Day	210			$ 38,430.00
RELATED SERVICES									
Adaptive PE 1: Individual Ind only		X			$ 77.00 per Hour	30 Min/Week for 45 Week			$1,732.50
Occupational Therapy1: Consult Consult only		X			$ 99.00 per Hour	60 Min/Month for 12 Month			$1,188.00
Occupational Therapy1: Ind only		X			$ 99.00 per Hour	30 Min/Week for 45 Week			$2,227.50
Speech Therapy1: Consult Consult only		X			$ 84.00 per Hour	30 Min/Month for 12 Month			$504.00
Speech Therapy1: Individual Ind only		X			$ 84.00 per Hour	30 Min/Week for 45 Week			$1,890.00

STUDENT NAME: Raji Baliqees DATE OF IEP: _____

RELATED SERVICES (cont'd)	PROVIDER				Cost and Duration of Session	Number of Sessions per wk/mo/yr	Maximum Number of Sessions		Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	NPA	OTHER Specify			Reg School Year	ESY	
One-to-one Aide Half Time		X			65.00 /Day	210			$13,650.00
						TOTAL COST			$ 59,622.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ 21,192.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 59,622.00

4. Other Provisions/Attachments:

_____

_____

5. Progress Reporting Requirements: X Quarterly _____ Monthly _____ Other (Specify) _____

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

Spectrum Center
(Name of Nonpublic School/Agency)

JUL 2 9 2014
(Signature) (Date)

Chris Holmes, Sr. VP of Operations
(Name and Title)

-DISTRICT-

San Leandro Unified
(Name of School District)

_____
(Signature) (Date)

_____
(Name of Superintendent or Authorized Designee)