Contract Year 2014-15 Contract Number:

LEA: San Leandro Unified School District

NONPUBLIC SCHOOL/AGENCY/RELATED SERVICES PROVIDER:

The Speech Pathology Group, Inc.

NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES MASTER CONTRACT

AUTHORIZATION FOR MASTER CONTRACT AND GENERAL PROVISIONS

1. **MASTER CONTRACT**

This Master Contract is entered into this day of, between the San Leandro Unified School District (hereinafter referred to as "LEA") and The Speech Pathology Group, Inc. (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: The Speech Pathology Group, Inc.

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		
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		
	b. Educational Counseling – Group of ____		
	c. Counseling – Parent		
(3)	a. Adapted Physical Education – Individual		
	b. Adapted Physical Education – Group of ____		
	c. Adapted Physical Education – Group of ____		
(4)	a. Language and Speech Therapy – Individual (ISA)	$94.00	Per hour
	b. Language and Speech Therapy – Group of 2 (ISA)	$75.00	Per hour
	c. Language and Speech Therapy – Group of 3 (ISA)	$75.00	Per hour
	d. Language and Speech Therapy – Daily Rate	$680.00	*Per day
	e. Language and Speech - **Daily Specialty	$760.00	*Per day
	f. Other: Language and Speech – Consultation & IEE Rate	$125.00	Per hour
(5)	a. Additional Adult Assistance - Individual (must be authorized on IEP/IFSP)		
	b. Additional Adult Assistance – Group of 2		
	c. Additional Adult Assistance – Group of 3		
(6)	Intensive Special Education Instruction, by credentialed special education teacher		
(7)	a. Occupational Therapy – Individual		
	b. Occupational Therapy – Group of 2		
	c. Occupational Therapy – Group of 3		
	d. Occupational Therapy – Group of 4 - 7		
	e. Occupational Therapy - Consultation Rate		
(8)	Physical Therapy		
(9)	a. Behavior Intervention – BII		
	b. Behavior Intervention – BID		
	Provided by: _____		
(10)	Nursing Services		
(11)	Other: Psychological Services other than Assessment and IEP		
(12)	Home or Hospital Instruction		
(13)	Residential Placement Services:		
	a. Educationally Related Mental Health		
	b. Board and Care		
(14)	Other		

*7-8 hour day. SLPs will adhere to district staff calendar (including teacher work days and staff development days). SPG utilizes a Professional Work Week. Daily hours may flex pending caseload requirements (i.e., IEP meetings, parent conferences, SST meetings, etc.).

**Specialty Rates may apply for Bilingual, DHH, and /or AAC services.

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 **The Speech Pathology Group, Inc.**			**SCHOOL DISTRICT/SELPA** **San Leandro Unified School District**		
Signature 7/29/14 *Date*			*Signature* *Date*		
			Signature *Date*		
Name and Title of Authorized Representative Susan Stark, M.S., CCC-SLP, President			Name and Title of Authorized Representative: Mike McLaughlin, Superintendent		
Notices to CONTRACTOR shall be addressed to: Name The Speech Pathology Group, Inc.			Notices to LEA shall be addressed to: San Leandro Unified School District		
Address 2021 Ygnacio Valley Rd., C-103			Address 14735 Juniper Street		
City Walnut Creek	State CA	Zip 94598	City San Leandro	State CA	Zip 94579
Phone: (925) 945-1474 x109 Fax: (925) 945-1768 E-mail: susan@speechpath.com Website: www.speechpathologygroup.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 July 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 School District			**Nonpublic School/Agency**	The Speech Pathology Group, Inc.		
Address	14735 Juniper Street			**Address**	2021 Ygnacio Valley Road, C-103		
City, State Zip	San Leandro, CA 94579			**City, State, Zip**	Walnut Creek, CA 94598		
LEA Case Manager				**Phone**	(925) 945-1474 x109	**Fax**	(925) 945-1768
				e-Mail	susan@speechpath.com		
Student Last Name	Various Students	**Student First Name**		**Program Contact Name**	Susan Stark		
				Phone		**Fax**	
D.O.B.		**I.D. #**		**e-Mail**			
Grade		**Level**	**Sex** ( ) M ( ) F	**Education Schedule – Regular School Year**			
Parent/ Guardian Last Name		**Parent/ Guardian First Name**		**Number of Days**	186	**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days		**Number of Weeks**	
Address				**Contract Begins**	7/1/2014	**Ends**	6/30/15
City, State, Zip				**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**	
A. BASIC EDUCATION									
B. RELATED SERVICES									
1. Transportation a. Paid to NPS/A b. Reimburse parent									
2. Counseling a. Group b. Individual c. Family									
3. Adapted P.E. a. Group of _____ b. Individual									
4. Speech/Language a. Group of _____ b. Individual c. Consultation			X		$680.00/ day	40hrs/wk	37.2 weeks		$126,480.00
5. SCIA a. Individual b. Group of ____									

B. 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	
6. Intensive Academic Instruction									
7. Occupational Therapy a. Group of _____ b. Individual c. Consultation									
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing									
11. Other – CF Supervisor			X		$85.00	10 hrs/mth	11 mths		$ 9,350.00
						TOTAL COST			$135,830.00

ESTIMATED MAXIMUM RELATED SERVICES COST $_____

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ _____

4. Other Provisions/Attachments: _____

_____

5. Progress Reporting Requirements: _____ 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-

The Speech Pathology Group, Inc.
(Name of Nonpublic School/Agency)

(Signature) 7/29/14 (Date)

Susan Stark, President
(Name and Title)

-DISTRICT-

San Leandro Unified School District
(Name of School District)

(Signature) (Date)

Mike McLaughlin, Ed.D.
(Name of Superintendent or Authorized Designee)