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**	**Creative Learning Center**		
Address	14735 Juniper Street			**Address**	**2100 Woods Lane**		
City, State Zip	San Leandro, CA 94579			**City, State, Zip**	**Los Altos, CA 94024**		
LEA Case Manager	Colleen Palia			**Phone**	**(650) 964-4330**	**Fax**	
				e-Mail			
Student Last Name		**Student First Name**		**Program Contact Name**			
				Phone		**Fax**	
D.O.B.	2/16/06	**I.D. #**		**e-Mail**			
Grade	**3**	**Level**	**Sex**	**(x) M ( ) F**	**Education Schedule – Regular School Year**		
Parent/ Guardian Last Name		**Parent/ Guardian First Name**			**Number of Days**	**79**	**Number of Weeks**
					Education Schedule – Extended School Year		
Address					**Number of Days**		**Number of Weeks**
City, State, Zip	**San Leandro, CA 94577**				**Contract Begins**	**8/20/14**	**Ends** **12/19/14**
Home Phone	( )	**Business**			**Master Contract Approved by the Governing Board on**		

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		X			$343.35 per day			79 days	$27,124.65
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									
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									
						TOTAL COST			$27,124.65

ESTIMATED MAXIMUM RELATED SERVICES COST $ _____

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES **$ 27,126.65**

4. Other Provisions/Attachments: 30 day notice required for termination by parent or School district. District will be charged fees for the 30days should parent/district withdrawal student without 30 day notice.

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-

Creative Learning Center
(Name of Nonpublic School/Agency)

(Signature) 8/18/14 (Date)

Tamila Sayer, 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)