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**	**Maxim Staffing Solutions**	
Address	14735 Juniper Street		**Address**	**1000 Broadway, Suite 425**	
City, State Zip	San Leandro, CA 94579		**City, State, Zip**	**Oakland, CA 94607**	
LEA Case Manager	Colleen Palia		**Phone**	**(510) 873-0700**	**Fax** **(510) 873-0707**
			e-Mail	www.maxhealth.com	
Student Last Name		**Student First Name**	**Program Contact Name**	**Samuel Shelton**	
			Phone		**Fax**
D.O.B.	06/21/2009	**I.D. #**	**e-Mail**	sashelto@maxhealth.com	
Grade K	**Level**	**Sex** (x) M ( ) F	**Education Schedule – Regular School Year**		
Parent/ Guardian Last Name		**Parent/ Guardian First Name**	**Number of Days**		**Number of Weeks** 36
			Education Schedule – Extended School Year		
			Number of Days		**Number of Weeks**
Address			**Contract Begins**	7/1/14	**Ends** 6/30/15
City, State, Zip	San Leandro, CA 94579		**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									
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			X		$50/hr	39 weeks			48,750.00
11. Other									
						TOTAL COST			$48,750.00

ESTIMATED MAXIMUM RELATED SERVICES COST $_____

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 48,750.00

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-

Maxim Staffing Solutions
(Name of Nonpublic School/Agency)

(Signature) 8/21/14 (Date)

Jessa Lombo, Assistant Controller
(Name and Title)

-DISTRICT-

San Leandro Unified School District
(Name of School District)

(Signature) (Date)

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