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	STE Consultants		
Address	14735 Juniper Street			Address	2560 9th Street, Suite 220		
City, State Zip	San Leandro, CA 94579			City, State, Zip	Berkeley, CA 94710		
LEA Case Manager	Betty Lin			Phone	(510) 895 7981	Fax	(510) 614-1075
				e-Mail	blin@slusd.us		
Student Last Name		Student First Name		Program Contact Name	DeAnna L. Mercier		
				Phone	(510) 665-9700	Fax	(510) 665-9400
D.O.B.	1/19/2009	I.D. #		e-Mail	deanna@steconsultants.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	
				Education Schedule – Extended School Year			
				Number of Days		Number of Weeks	
Address				Contract Begins	8/21/2014	Ends	9/26/14
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	
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			X		a. $115/hr b. $42/hr	1 hr/5 wks 18.3 hrs/5 wk			a. $ 575 b. $ 3,843
10. Nursing									
11. Other									
						TOTAL COST			$4,418.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ 4,418.00

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-	-DISTRICT-
STE Consultants, LLC	San Leandro Unified School District
(Name of Nonpublic School/Agency)	(Name of School District)
(Signature) 9/3/14 (Date)	(Signature) (Date)
DeAnna L. Mercier, M.Ed., BCBA, VP of Clinical Operations	Mike McLaughlin, Ed.D.
(Name and Title)	(Name of Superintendent or Authorized Designee)