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

This agreement is effective on __November 5, 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**	**Seneca Family of Agencies**		
Address	14735 Juniper Street			**Address**	**2275 Arlington Drive**		
City, State Zip	San Leandro, CA 94579			**City, State, Zip**	**San Leandro, CA 94578**		
LEA Case Manager	Marie Vangene			**Phone**	**(510) 317-1444 x6332**	**Fax**	**(510) 317-1443**
				e-Mail			
Student Last Name		**Student First Name**		**Program Contact Name**			
				Phone		**Fax**	
D.O.B.	01/22/01	**I.D. #**		**e-Mail**			
Grade	**Level**	**Sex**	**( ) M (X) F**	**Education Schedule – Regular School Year**			
Parent/ Guardian Name				**Number of Days**		**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days		**Number of Weeks**	
Address				**Contract Begins**	**November 5, 2014**	**Ends**	**June 30, 2015**
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		X			161.50/day	1 /day			22,448.50
B. RELATED SERVICES									
1. Transportation a. Paid to NPS/A b. Reimburse parent					/daily				
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					/weekly				
5. SCIA a. Individual b. Group of ____									

DEC 04 2014

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 - Mental Health					Mental Health Service $2.61/minute Case Management Service $2.02/minute Medication Support $4.82/minute Crisis Intervention $3.88/minute				
						TOTAL COST			$22,448.50

ESTIMATED MAXIMUM RELATED SERVICES COST $_____

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES **$ 22,448.50**

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-
Seneca Family of Agencies	
(Name of Nonpublic School/Agency)	(Name of School District)
(Signature) DEC 04 2014 (Date)	(Signature) (Date)
Jamie Tang, Controller	
(Name and Title)	(Name of Superintendent or Authorized Designee)

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

This agreement is effective on __November 14, 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**	**Seneca Family of Agencies**		
Address	14735 Juniper Street			**Address**	**2275 Arlington Drive**		
City, State Zip	San Leandro, CA 94579			**City, State, Zip**	**San Leandro, CA 94578**		
LEA Case Manager	Marie Vangene			**Phone**	**(510) 317-1444 x6332**	**Fax**	**(510) 317-1443**
				e-Mail			
Student Last Name		**Student First Name**		**Program Contact Name**			
				Phone		**Fax**	
D.O.B.	11/17/00	**I.D. #**		**e-Mail**			
Grade	**Level**	**Sex**	**(X) M ( ) F**	**Education Schedule – Regular School Year**			
Parent/ Guardian Name				**Number of Days**		**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days		**Number of Weeks**	
Address				**Contract Begins**	**November 14, 2014**	**Ends**	**June 30, 2015**
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		X			161.50/day	1 /day			21,479.50
B. RELATED SERVICES									
1. Transportation a. Paid to NPS/A b. Reimburse parent					/daily				
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					/weekly				
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 - Mental Health					Mental Health Service $2.61/minute Case Management Service $2.02/minute Medication Support $4.82/minute Crisis Intervention $3.88/minute				
						TOTAL COST			$32,691.40

ESTIMATED MAXIMUM RELATED SERVICES COST $_____

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES **$ 32,691.40**

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-
Seneca Family of Agencies (Name of Nonpublic School/Agency)	(Name of School District)
DEC 0 4 2014 (Signature) (Date)	(Signature) (Date)
Jamie Tang, Controller (Name and Title)	(Name of Superintendent or Authorized Designee)

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	Seneca Family of Agencies	
Address	14735 Juniper Street		Address	2275 Arlington Drive	
City, State Zip	San Leandro, CA 94579		City, State, Zip	San Leandro, CA 94578	
LEA Case Manager	Marie Vangene		Phone	(510) 481-1222	Fax
			e-Mail		
Student Last Name		Student First Name	Program Contact Name		
			Phone		Fax
D.O.B.	09/15/01	I.D. #	e-Mail		
Grade 7	Level	Sex (x) M ( ) F	Education Schedule – Regular School Year		
			Number of Days	124	Number of Weeks
Parent/ Guardian Last Name		Parent/ Guardian First Name	Education Schedule – Extended School Year		
			Number of Days	2	Number of Weeks
Address			Contract Begins	12/1/14	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		X			$161.50 per day	124			$20,026.00
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			$90.40 Per hour	60mins.wk for 25 wks			$2,260.00
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				Mental Health	Mental Health Service $2.61/minute Case Management Service $2.02/minute Medication Support $4.82/minute Crisis Intervention $3.88/minute				
						TOTAL COST			$22,286.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ 2,260.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 22,286.00

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-	-DISTRICT-
Seneca Family of Agencies (Name of Nonpublic School/Agency)	San Leandro Unified School District (Name of School District)
(Signature) Jashua Nelson (Brown) 12/17/19 (Date)	(Signature) (Date)
Jamie Tang, Controller (Name and Title)	Mike McLaughlin, Ed.D. (Name of Superintendent or Authorized Designee)