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**	**Communication Works**		
Address	14735 Juniper Street			**Address**	**4400 Keller Avenue, #200**		
City, State Zip	San Leandro, CA 94579			**City, State, Zip**	**Oakland, CA 94605**		
LEA Case Manager				**Phone**	**(510) 639-2929**	**Fax**	**(510) 639-2977**
				e-Mail			
Student Last Name	Various Students	**Student First Name**		**Program Contact Name**			
				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**	**42**	**Number of Weeks**	**21**
				Education Schedule – Extended School Year			
				Number of Days		**Number of Weeks**	
Address				**Contract Begins**	**1/5/2015**	**Ends**	**6/11/15**
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									
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 – AAC			x		$87.00	2 times per week	21weeks		$29,232.00
						TOTAL COST			**$29,232.00**

ESTIMATED MAXIMUM RELATED SERVICES COST $_____29,232.00_____

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ __29,232.00__

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-

Communication Works
(Name of Nonpublic School/Agency)

Hissack 1/5/15
(Signature) (Date)

Hillary Kissack, Director, C.E.O.
(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)