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	Bright Path Therapists	
Address	14735 Juniper Street		Address	3444a 21st Street	
City, State Zip	San Leandro, CA 94579		City, State, Zip	San Francisco, CA 94110	
LEA Case Manager	Betty Lin		Phone	(415) 689-1700 x1	Fax (415) 689-7773
			e-Mail	tonya@brightpaththerapists.com	
Student Last Name		Student First Name	Program Contact Name	Tonya Zimring	
			Phone		Fax
D.O.B.	04/27/12	I.D. #	e-Mail		
Grade PreK	Level	Sex (x) M ( ) F	Education Schedule – Regular School Year		
			Number of Days		Number of Weeks
Parent/ Guardian Last Name		Parent/ Guardian First Name	Education Schedule – Extended School Year		
			Number of Days		Number of Weeks
Address			Contract Begins	2/1/15	Ends 6/30/15
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			X		$91.41 per hour for 20 weeks	1 time per week for 60 mins.			$1,828.20
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			$1,828.20

ESTIMATED MAXIMUM RELATED SERVICES COST $ 1,828.20

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-

Bright Path Therapists
(Name of Nonpublic School/Agency)

(Signature) 3/30/15 (Date)

Tonya Zimring, Director/Founder
(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)