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

This agreement is effective on __February 4, 2015_____ 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.	09/12/99	**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**	**February 4, 2015**	**Ends**	**June 30, 2015**
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		X			161.50/day	1 /day			14,212.00
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____									

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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			$14,212.00

ESTIMATED MAXIMUM RELATED SERVICES COST $_____

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 14,212.00

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) MAR 09 2015	(Name of School District)
(Signature) (Date)	(Signature) (Date)
Jamie Tang, Controller	
(Name and Title)	(Name of Superintendent or Authorized Designee)