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

This agreement is effective on July 1, 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, 2016, unless sooner terminated as provided in the Master Contract and by applicable law.2015

Local Education Agency(LEA)	San Leandro Unified School District			**Nonpublic School/Agency**	**Spectrum Center, Inc.**		
Address	2255 Bancroft Avenue			**Address**	**16360 San Pablo Avenue**		
City, State Zip	San Leandro, CA 94577			**City, State, Zip**	**San Pablo, CA 94806**		
LEA Case Manager	Julie Avilla			**Phone**	(510) 741-5440	**Fax**	(510) 741-2775
				e-Mail			
Student Last Name		**Student First Name**		**Program Contact Name**			
				Phone		**Fax**	
D.O.B.	12/26/1994	**I.D. #**		**e-Mail**			
Grade	12+	**Level**	**Sex** (X) M ( ) F	**Education Schedule – Regular School Year**			
Parent/ Guardian Last Name		**Parent/ Guardian First Name**		**Number of Days**	180	**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days	30	**Number of Weeks**	
Address				**Contract Begins**	7/1/2015	**Ends**	6/30/2016
City, State, Zip	San Leandro, CA 94578			**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**
	LEA	**NPS**	**NPA**	**OTHER** Specify			**Reg School**	**ESY**	**Period**
A. BASIC EDUCATION		X			$186/day	210 days per year	180	30	$39.060.00
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 X			$54/hr group $85/hr consult	30 min./week for 45 weeks 30 min/month for 12 month			$1,215.00 $ 510.00
5. SCIA a. Individual b. Group of ____									

STUDENT NAME: ___ DATE OF IEP: 2/5/15

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. Mental Health									
13. Other									
						TOTAL COST			$40,758.00 40,785.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ 1,725.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 40,785.00

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-
Spectrum Center, Inc..	San Leandro Unified School District
(Name of Nonpublic School/Agency)	(Name of School District)
(Signature) 9/17/15 (Date)	(Signature) (Date)
Chris Holmes, VP of Operations	Mike McLaughlin, Ed.D., Superintendent
(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, 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, 2016, unless sooner terminated as provided in the Master Contract and by applicable law.2015

Local Education Agency(LEA)	San Leandro Unified School District			**Nonpublic School/Agency**		**Spectrum Center, Inc.**	
Address	2255 Bancroft Avenue			**Address**		**16360 San Pablo Avenue**	
City, State Zip	San Leandro, CA 94577			**City, State, Zip**		**San Pablo, CA 94806**	
LEA Case Manager	Jenny Riester-Graham			**Phone**	(510) 741-5440	**Fax**	(510) 741-2775
				e-Mail			
Student Last Name		**Student First Name**		**Program Contact Name**			
				Phone		**Fax**	
D.O.B.	12/3/2003	**I.D. #**		**e-Mail**			
Grade 6	**Level**	**Sex**	(X) M ( ) F	**Education Schedule – Regular School Year**			
Parent/ Guardian Last Name		**Parent/ Guardian First Name**		**Number of Days**	180	**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days	30	**Number of Weeks**	
Address				**Contract Begins**	7/1/2015	**Ends**	6/30/2016
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**	**ESY**	
A. BASIC EDUCATION		X			$186/day	210 days per year	180	30	$39.060.00
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 X			$54/hr group $85/hr Ind.	30 min./week for 45 weeks 30 min/month for 45 weeks			$1,215.00 $1912.50
5. SCIA a. Individual b. Group of ____									

STUDENT NAME: ___ DATE OF IEP: 3/10/15

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		X			$65/day	210	180	30	$13,650.00
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. Mental Health									
13. Other									
						TOTAL COST			$55,837.50

ESTIMATED MAXIMUM RELATED SERVICES COST $ 16,777.50

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 55,837.50

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-

Spectrum Center, Inc.
(Name of Nonpublic School/Agency)

(Signature) 9/17/15 (Date)

Chris Holmes, VP of Operations
(Name and Title)

-DISTRICT-

San Leandro Unified School District
(Name of School District)

(Signature) (Date)

Mike McLaughlin, Ed.D., Superintendent
(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, 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, 2016, unless sooner terminated as provided in the Master Contract and by applicable law.2015

Local Education Agency(LEA)	San Leandro Unified School District			**Nonpublic School/Agency**	Spectrum Center, Inc.		
Address	2255 Bancroft Avenue			**Address**	16360 San Pablo Avenue		
City, State Zip	San Leandro, CA 94577			**City, State, Zip**	San Pablo, CA 94806		
LEA Case Manager	Julie Avilla			**Phone**	(510) 741-5440	**Fax**	(510) 741-2775
				e-Mail			
Student Last Name		**Student First Name**		**Program Contact Name**			
				Phone		**Fax**	
D.O.B.	6/5/1996	**I.D. #**		**e-Mail**			
Grade	12+	**Level**	**Sex** (X) M ( ) F	**Education Schedule – Regular School Year**			
Parent/ Guardian Last Name		**Parent/ Guardian First Name**		**Number of Days**	180	**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days	30	**Number of Weeks**	
Address				**Contract Begins**	7/1/2015	**Ends**	6/30/2016
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 Schoo	ESY	
A. BASIC EDUCATION		X			$186/day	210 days per year	180	30	$39.060.00
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		X			$78/hr	30min/week for 45 weeks			$1,755.00
4. Speech/Language a. Group of ____ b. Individual c. Consultation		X X			$54/hr group $85/hr consult.	30 min./week for 45 weeks 30 min/month for 12 month			$1,215.00 $ 510.00
5. SCIA a. Individual b. Group of ____									

STUDENT NAME: ___ _____ _____ DATE OF IEP: 4/20/15

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			$80/hr group $99/hr ind $99/hr consult	30min/1x week for 45 weeks 30min/1x week for 45 weeks 45min/month for 12 month			$1,800.00 $2,227.50 $ 891.00
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing									
11. Mental Health									
12. Room/Board									
13. Other									
						TOTAL COST			$47,458.50

ESTIMATED MAXIMUM RELATED SERVICES COST $ 8,398.50

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES **$ 47,458.50**

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-

Spectrum Center, Inc.
(Name of Nonpublic School/Agency)

(Signature) 9/17/15 (Date)

-DISTRICT-

San Leandro Unified School District
(Name of School District)

(Signature) (Date)

Chris Holmes, VP of Operations	Mike McLaughlin, Ed.D., Superintendent
(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, 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, 2016, unless sooner terminated as provided in the Master Contract and by applicable law.2015

Local Education Agency(LEA)	San Leandro Unified School District			**Nonpublic School/Agency**	Spectrum Center, Inc.		
Address	2255 Bancroft Avenue			**Address**	16360 San Pablo Avenue		
City, State Zip	San Leandro, CA 94577			**City, State, Zip**	San Pablo, CA 94806		
LEA Case Manager	Jenny Riester-Graham			**Phone**	(510) 741-5440	**Fax**	(510) 741-2775
				e-Mail			
Student Last Name		**Student First Name**		**Program Contact Name**			
				Phone		**Fax**	
D.O.B.	6/7/2004	**I.D. #**		**e-Mail**			
Grade	6	**Level**		**Sex**	(X) M ( ) F	**Education Schedule – Regular School Year**	
Parent/ Guardian Last Name		**Parent/ Guardian First Name**		**Number of Days**	180	**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days	30	**Number of Weeks**	
Address				**Contract Begins**	7/1/2015	**Ends**	6/30/2016
City, State, Zip	San Leandro, CA 94578			**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 Scho el.**	**ESY**	
A. BASIC EDUCATION		X			$186/day	210 days per year	180	30	$39.060.00
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			$85/hr consult. $85/h r ind.	30min/week for 45 weeks 30min/week for 45 weeks			$ 1912.50 $ 1, 912.50
5. SCIA a. Individual b. Group of ____									

STUDENT NAME: _____ DATE OF IEP: 12/2/14

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		X			$130/day	210 days/per year	180	30	$27,300.00
7. Occupational Therapy a. Group of ____ b. Individual c. Consultation		X			$99/hr consult $99/hr Ind.	30min/week for 45 weeks 30min/week for ~~44~~ 43 weeks			$ 2227.50 2227.50 $ ~~2,178.00~~
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing									
11. Mental Health									
12. Room/Board									
13. Other									
						TOTAL COST			~~$71,554.50~~ 74,640.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ 35,580.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 74,640.00

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-
Spectrum Center, Inc.	San Leandro Unified School District
(Name of Nonpublic School/Agency)	(Name of School District)
(Signature) 9/17/15 (Date)	(Signature) (Date)
Chris Holmes, VP of Operations	Mike McLaughlin, Ed.D., Superintendent
(Name and Title)	(Name of Superintendent or Authorized Designee)

Contract Year 2015-16 Contract Number:

LEA: _____ _____

NONPUBLIC SCHOOL/AGENCY/RELATED SERVICES PROVIDER:

Spectrum Center, Inc.

NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES MASTER CONTRACT

I. AUTHORIZATION FOR MASTER CONTRACT AND GENERAL PROVISIONS

1. MASTER CONTRACT

This Master Contract is entered into this 1st day of July, 2015 between the **San Leandro Unified School District Mid Alameda SELPA** (hereinafter referred to as "LEA") and **Spectrum Center, Inc.** (hereinafter referred to as "CONTRACTOR") for the purpose of providing special education and/or related services to LEA pupils with exceptional needs under the authorization of California Education Code sections 56157, 56361 and 56365 et seq. and Title 5 of the California Code of Regulations section 3000 et seq., AB490 (Chapter 862, Statutes of 2003) and AB1858 (Chapter 914, Statutes of 2004). It is understood that this Master Contract does not commit LEA to pay for special education and/or related services provided to any LEA pupil, or CONTRACTOR to provide such special education and/or related services, unless and until an authorized LEA representative approves the provision of special education and/or related services by CONTRACTOR pursuant to an Individualized Education Plan (hereinafter referred to as "IEP"), Individual Family Service Plan (hereinafter referred to as IFSP) or Rehabilitation Act Section 504 plan.

SELPA Collaborative: The LEA is a member of the Bay Area SELPA Collaborative. Nonpublic schools and nonpublic agencies that are geographically located in one of the participating SELPAs agree to participate in this collaborative process to establish a uniform contract for identified services and standards. The established system provides NPA/Ss with an opportunity to have input to the development of the process, contract issues, etc., and a simplified, standard process for rate negotiation with the participating SELPAs. Issues listed on the Rate Schedule portion of this Master Contract may be reviewed on an annual basis upon request of the CONTRACTOR using the established Bay Area SELPA Collaborative system. CONTRACTOR agrees that the rates set forth in this Master Contract will remain unchanged from July 1 through June 30 of the term of contract, with no changes in the services provided, unless changed in a duly executed amendment to this Master Contract signed by both parties. Increases in rates will be considered on an annual basis and remain unchanged for the term of the contract from July 1 through June 30, with no changes in level of service provided without written approval by both parties.

NPA/Ss that are not geographically located in a participating SELPA should negotiate rates with their geographically corresponding SELPA(s). The LEA will contact the corresponding SELPA to verify established rates. Increases in rates will be considered on an annual basis and remain unchanged for the following year from July 1 through June 30, with no changes provided without written approval by both parties.

Any CONTRACTOR not participating as a member of the Bay Area SELPA Collaborative shall individually negotiate rates following local SELPA and/or LEA procedures. Those CONTRACTORs shall notify the SELPA with whom they contract of any proposed rate changes effective July 1 by May 1 of the preceding year.

The Bay Area SELPA Collaborative Chair shall maintain, annually update and disseminate to all LEAs, NPS/As who are members of the Collaborative, a master rate schedule reflecting such NPS/A rates.

RATE SCHEDULE

62. CONTRACTOR

Per CDE Certification, total enrollment may not exceed: _____

RATE SCHEDULE. Special education and/or related services offered by CONTRACTOR and the charges for such educational and/or related services during the term of this contract shall be as follows:

	Rate	Period
A. Basic Education Program/Special Education Instruction	$186.00	Per day
Basic Education Program/Dual Enrollment*		

*Per Diem rates for LEA pupils with IEP/IFSPs that authorize less than a full instructional day shall be adjusted proportionally. In such cases only, the adjustments in basic rate shall be based on the percentage of a 240-minute instructional day.

B. Related Services

(1)	a. Transportation – Round Trip – *Third party costs plus 10% admin*		
	b. Transportation – One Way		
	c. Transportation-Dual Enrollment		
	d. Parent*		
(2)	a. Educational Counseling – Individual	49.50	½ Hour
	b. Educational Counseling – Group of ____	38.00	½ Hour
	c. Counseling – Parent	49.50	½ Hour
(3)	a. Adapted Physical Education – Individual & Consult	39.00	½ Hour
	b. Adapted Physical Education – Group of ____	28.00	½ Hour
	c. Adapted Physical Education – Group of ____	28.00	½ Hour
(4)	a. Language and Speech Therapy – Individual	42.50	½ Hour
	b. Language and Speech Therapy – Group of 2	27.00	½ Hour
	c. Language and Speech Therapy – Group of 3	27.00	½ Hour
	d. Language and Speech Therapy – Per diem		
	e. Language and Speech - Consultation Rate	42.50	½ Hour
(5)	a. Additional Adult Assistance - Individual (must be authorized on IEP/IFSP)	130.00	Day
	b. Additional Adult Assistance – Group of 2	65.00	Day
	c. Additional Adult Assistance – Group of 3		
(6)	Intensive Special Education Instruction, by credentialed special education teacher		
(7)	a. Occupational Therapy – Individual	49.50	½ Hour
	b. Occupational Therapy – Group of 2	40.00	½ Hour
	c. Occupational Therapy – Group of 3	40.00	½ Hour
	d. Occupational Therapy – Group of 4 - 7	40.00	½ Hour
	e. Occupational Therapy - Consultation Rate	49.50	½ Hour
(8)	Physical Therapy		
(9)	a. Behavior Intervention – BII	14.50	½ Hour
	b. Behavior Intervention – BID		
	Provided by: _____		
(10)	Nursing Services		
(11)	Other: Psychological Services other than Assessment and IEP	I49.50, G38.00	½ Hour
(12)	Home or Hospital Instruction		
(13)	Residential Placement Services:		
	a. Educationally Related Mental Health		

	b. Board and Care		
(14)	Other: Assistive Technology	41.50	½ Hour
(15)	Other: Adaptive Physical Education Evaluation	131.00	Evaluation
(16)	Other: Language and Speech Therapy Evaluation	286.00	Evaluation
(17)	Other: Occupational Therapy Evaluation	363.00	Evaluation

The parties hereto have executed this Contract by and through their duly authorized agents or representatives. This contract is effective on the 1st day of July 2015, and terminates at 5:00 p.m. on June 30, 2016, unless sooner terminated as provided herein.

CONTRACTOR	**SCHOOL DISTRICT/SELPA**
Spectrum Center, Inc.	San Leandro Unified School District
Signature 8/28/15 *Date*	*Signature* *Date*
Name and Title of Authorized Representative Chris Holmes, Senior VP of Operations	Name and Title of Authorized Representative: Mike McLaughlin, Ed.D., Superintendent
Notices to CONTRACTOR shall be addressed to: Diana Niemoeller	Notices to LEA shall be addressed to: San Leandro Unified School District
Address 16360 San Pablo Ave	Address 835 East 14th Street
City State Zip San Pablo CA 94806	City State Zip San Leandro CA 94577
Phone: 510-741-2729 Fax: 510-724-2913 E-mail: dniemoeller@spectrumschools.com Website: spectrumschools.com	Phone: 510-667-3522 Fax: 510-678-5303 E-mail: mmclaughlin@slusd.us Website: www.sanleandro.k12.ca.us