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

This agreement is effective on __September 30, 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.

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**	**Esli Garcia**		
D.O.B.	11/21/02	**I.D. #**		**Phone**	**(510) 300-6331**	**Fax**	
Grade	**Level**	**Sex**	**( ) M (X) F**	**e-Mail**	**Esli_garcia@senecacenter.org**		
Parent/ Guardian Name				**Education Schedule – Regular School Year**			
				Number of Days		**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days		**Number of Weeks**	
Address				**Contract Begins**	**September 30, 2015**	**Ends**	**June 30, 2016**
City, State, Zip	**San Leandro, CA 94577-9252**			**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			189.00/day	1 /day			31,185.00
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 ____									

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			$31,185.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ _____

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES **$ 31,185.00**

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)	(Name of School District)
(Signature) OCT 06 2015 (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 __September 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, 2016, 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**	**Esli Garcia**		
				Phone	**(510) 300-6331**	**Fax**	
D.O.B.	02/26/99	**I.D. #**		**e-Mail**	**Esli_garcia@senecacenter.org**		
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**	**September 4, 2015**	**Ends**	**September 22, 2015**
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 School Year**	**ESY**	
A. BASIC EDUCATION		X			165.00/day	1 /day			1,980.00
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 ____									

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			$1,980.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ _____

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES **$ 1,980.00**

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)	(Name of School District)
(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 __October 5, 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 April 5, 2016, 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**	**Esli Garcia**		
D.O.B.	01/22/01	**I.D. #**		**Phone**	**(510) 300-6331**	**Fax**	
Grade	**Level**	**Sex**	**( ) M (X) F**	**e-Mail**	**Esli_garcia@senecacenter.org**		
				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**	**October 5, 2015**	**Ends**	**April 5, 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 School Year**	**ESY**	
A. BASIC EDUCATION									
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 – Therapeutic Behavioral Coaching (TBC)		X			$164.40 per hour	15 hours/week	26		64,116.00
						TOTAL COST			$64,116.00

ESTIMATED MAXIMUM RELATED SERVICES COST $_____

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES **$ 64,116.00**

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)	(Name of School District)
(Signature) OCT 06 2015 (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 __September 8, 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.

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	Esli Garcia		
				Phone	(510) 300-6331	Fax	
D.O.B.	06/19/08	I.D. #		e-Mail	Esli_garcia@senecacenter.org		
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	September 8, 2015	Ends	June 30, 2016
City, State, Zip	San Leandro, CA 94577-0230			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			165.00/day	1 /day			29,865.00
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 ____									

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			$29,865.00

ESTIMATED MAXIMUM RELATED SERVICES COST $_____

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES **$ 29,865.00**

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)	(Name of School District)
(Signature) OCT 06 2015 (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 __September 30, 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.

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	Esli Garcia		
				Phone	(510) 300-6331	Fax	
D.O.B.	03/14/08	I.D. #		e-Mail	Esli_garcia@senecacenter.org		
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	September 30, 2015	Ends	June 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 Year	ESY	
A. BASIC EDUCATION		X			165.00/day	1 /day			27,225.00
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 ____									

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			$27,225.00

ESTIMATED MAXIMUM RELATED SERVICES COST $_____

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES **$ 27,225.00**

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)	(Name of School District)
(Signature) 10/27/15 (Date)	(Signature) (Date)
Jamie Tang, Controller (Name and Title)	(Name of Superintendent or Authorized Designee)