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

This agreement is effective on **9/22/2015** 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**		**Nonpublic School/Agency**	Spectrum Center	
Address	2255 Bancroft Ave		**Address**	16360 San Pablo Ave.	
City, State Zip	San Leandro CA 94577		**City, State, Zip**	San Pablo, CA 94806	
LEA Case Manager			**Phone**	510-741-2729	**Fax** 510-724-2913
			e-Mail	dniemoeller@spectrumschools.com	
Student Last Name		**Student First Name**	**Program Contact Name**		
			Phone		**Fax**
D.O.B.	5/16/2007	**I.D. #**	**e-Mail**		
Grade	**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**	9/22/2015	**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 Year	ESY	
BASIC EDUCATION		X			$186.00 per Day	161			$ 29,946.00
RELATED SERVICES									
Speech Therapy1: Individual		X			$ 85.00 per Hour	240 Min/Month for 10 Month			$3,400.00

STUDENT NAME: _____ DATE OF IEP: _____

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	
						TOTAL COST			$ 33,346.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ 3,400.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 33,346.00

4. Other Provisions/Attachments:

_____

_____

5. Progress Reporting Requirements: ___X___ 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
(Name of Nonpublic School/Agency)

(Signature) 11/6/15 (Date)

Chris Holmes, Sr. VP of Operations
(Name and Title)

-DISTRICT-

San Leandro Unified
(Name of School District)

_____
(Signature) (Date)

Mike McLaughlin, Ed.D., Superintendent
(Name of Superintendent or Authorized Designee)