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**	Ed Support Services, LLC		
Address	2255 Bancroft Avenue			**Address**	1900 Embarcadero, Suite 310		
City, State Zip	San Leandro, CA 94577			**City, State, Zip**	Oakland, Ca 94606		
LEA Case Manager	Jenny Riester-Graham			**Phone**	(510) 832-4383	**Fax**	(510) 550-1981
				e-Mail			
Student Last Name		**Student First Name**		**Program Contact Name**			
				Phone		**Fax**	
D.O.B.		**I.D. #**		**e-Mail**			
Grade	**Level**	**Sex**	**( )M ( )F**	**Education Schedule – Regular School Year**			
Parent/ Guardian Last Name		**Parent/ Guardian First Name**		**Number of Days**		**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days		**Number of Weeks**	
Address				**Contract Begins**	10/5/15	**Ends**	01/01/16
City, State, Zip				**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 ____									

STUDENT NAME: _____ DATE OF IEP: _____

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 e. BCBA Classroom Support			X		$125/ hr.	76 hours			$9,500.00
10. Nursing									
11. Mental Health									
12. Room/Board									
13. Other									
						TOTAL COST			$9,500.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ 9,500.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 9,500.00

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-

Ed Support Services, LLC
(Name of Nonpublic School/Agency)

Tanya Scott 12/2/15
(Signature) (Date)

Tanya Scott, Executive Director
(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)