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

This agreement is effective on **12/1/2015** 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.

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.	8/21/2000	I.D. #	e-Mail		
Grade	Level	Sex ( )M (X)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	12/1/2015	Ends 6/30/2016
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	
BASIC EDUCATION		X			$208.00 per Day	115			$ 23,920.00
RELATED SERVICES									
Occupational Therapy1: Consult No Absences - San Mateo		X			$ 116.00 per Hour	15 Min/Week for 25 Week			$725.00
Occupational Therapy1: Individual No Absences - San		X			$ 116.00 per Hour	45 Min/Week for 25 Week			$2,175.00
Speech Therapy1: Consult No Absences - San Mateo		X			$ 116.00 per Hour	159.9 Min/Month for 7 Month			$2,163.98

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			$ 28,983.98

ESTIMATED MAXIMUM RELATED SERVICES COST $ 5,063.98

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 28,983.98

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) 12/3/15 (Date)

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

-DISTRICT-

San Leandro Unified
(Name of School District)

(Signature) (Date)

(Name of Superintendent or Authorized Designee)

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

This agreement is effective on **12/8/2015** 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		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		
D.O.B.	9/27/2006	SID #	Phone		Fax:
Grade	Level	Sex (X) M ( ) F	e-Mail		
Parent/ Guardian Last Name		Parent/ Guardian First Name	Education Schedule – Regular School Year		
			Number of Days	180	Number of Weeks
Address			Education Schedule – Extended School Year		
City, State, Zip			Number of Days	30	Number of Weeks
Home Phone		Business	Contract Begins	12/8/2015	Ends: 6/30/2016
			Master Contract Approved by the Governing Board on		

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	113			$ 21,018.00
RELATED SERVICES									
Speech Therapy2: Group		X			$ 54.00 per Hour	120 Min/Month for 7 Month			$756.00

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			$ 21,774.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ 756.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 21,774.00

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) 12/8/15 (Date)

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

-DISTRICT-

San Leandro Unified
(Name of School District)

(Signature) (Date)

(Name of Superintendent or Authorized Designee)