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

This agreement is effective on __October 2, 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**	**Bobby Brotarlo**		
D.O.B.	03/14/08	**I.D. #**		**Phone**	**(510) 300-6373**	**Fax**	
Grade	**Level**	**Sex**	**(X) M ( ) F**	**e-Mail**	**Bobby_Brotarlo@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 2, 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									
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 ____									

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			$150 per hour	30 mins/ weekly For 9 months			$2,700.00
8. Physical Therapy a. Individual b. Consultation									
9. Behavior Intervention (BI) a. Consultation b. Direct (BII) c. Supervision (BID) d. Assessment									
10. Nursing									
11. Other - Mental Health									
						TOTAL COST			$2,700.00

ESTIMATED MAXIMUM RELATED SERVICES COST $_____

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES **$ 2,700.00**

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) 4/29/16 (Date)	(Signature) (Date)
Jamie Tang, Controller (Name and Title)	(Name of Superintendent or Authorized Designee)