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

This agreement is effective on 5/3/2016 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.	4/7/1996	I.D. #	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
			Education Schedule – Extended School Year		
			Number of Days	30	Number of Weeks
Address			Contract Begins	5/3/2016	Ends 6/30/2016
City, State, Zip	San Leandro CA 94578		Master Contract Approved by the Governing Board on		
Home Phone		Business Ph			

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	56			$ 10,416.00
RELATED SERVICES									
Adaptive PE 2: Group		X			$ 56.00 per Hour	50.1 Min/Week for 13 Week			$607.88

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			$ 11,023.88

ESTIMATED MAXIMUM RELATED SERVICES COST $ 607.88

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES **$ 11,023.88**

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) 5/5/16 (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)

Spectrum Center
SCHOOLS AND PROGRAMS
16360 San Pablo Ave. San Pablo, CA 94806
Phone: (510) 741-5440 Fax: (510) 724-2913

2015/2016 Individual Service Contract Addendum Agreement for Non-Public School Services

The following modifications and amendments to the Individual Service Agreement between **SAN LEANDRO UNIFIED** and **SPECTRUM CENTER, INC.** for the school year 2015/2016 are hereby appended;

Effective 5/5/2016 and terminates on 6/30/2016 unless sooner terminated as provided herein.

This Addendum shall become a part of the original contract dated 1/5/2016

Student: [redacted]

SERVICE(S)	Units (1 Unit = 30 min.)	Qty	Price	COST
One-to-one Aide	5.00/Week	26.00	$130.00	**$3,380.00**

Contractor: Spectrum Center, Inc.

By: _____ 5/6/16
(Contracting Officer's Signature) Date

Chris Holmes, Sr VP of Operations
(Type or Print Name and Title)

LEA: San Leandro Unified

By: _____
(Authorized District Representative) Date

_____
(Type or Print Name and Title)