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

This agreement is effective on **7/1/2016** 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, 2017, 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** (✓) 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**	7/1/2016	**Ends**	6/30/2017
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			$190.00 per Day	210			$ 39,900.00
RELATED SERVICES									
Speech Therapy1: Consult		X			$ 86.00 per Hour	30 Min/Month for 12 Month			$516.00
Speech Therapy1: Individual		X			$ 86.00 per Hour	30 Min/Week for 45 Week			$1,935.00
Speech Therapy2: Group		X			$ 55.00 per Hour	30 Min/Week for 45 Week			$1,237.50

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	
One-to-one Aide Half Time		X			65.50 /Day	210			$13,755.00
						TOTAL COST			$ 57,343.50

ESTIMATED MAXIMUM RELATED SERVICES COST $ 17,443.50

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 57,343.50

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) 9/2/16 (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)

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

This agreement is effective on **7/1/2016** 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, 2017, 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.	12/26/1994	**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**	180	**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days	30	**Number of Weeks**	
Address				**Contract Begins**	7/1/2016	**Ends**	6/30/2017
City, State, Zip	San Leandro CA			**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			$190.00 per Day	210			$ 39,900.00
RELATED SERVICES									
Speech Therapy1: Consult		X			$ 86.00 per Hour	30 Min/Month for 12 Month			$516.00
Speech Therapy2: Group		X			$ 55.00 per Hour	30 Min/Week for 45 Week			$1,237.50

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			$ 41,653.50

ESTIMATED MAXIMUM RELATED SERVICES COST $ 1,753.50

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 41,653.50

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)

Chris
(Signature) 9/2/16 (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)

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

This agreement is effective on **7/1/2016** 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, 2017, 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.	12/3/2003	**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**	180	**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days	30	**Number of Weeks**	
Address				**Contract Begins**	7/1/2016	**Ends**	6/30/2017
City, State, Zip	San Leandro CA 94578			**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			$190.00 per Day	210			$ 39,900.00
RELATED SERVICES									
Speech Therapy1: Individual		X			$ 86.00 per Hour	30 Min/Week for 45 Week			$1,935.00
Speech Therapy2: Group		X			$ 55.00 per Hour	30 Min/Week for 45 Week			$1,237.50

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	
One-to-one Aide Half Time		X			65.50 /Day	210			$13,755.00
						TOTAL COST			$ 56,827.50

ESTIMATED MAXIMUM RELATED SERVICES COST $ 16,927.50

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 56,827.50

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)

Chris 9/2/16
(Signature) (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 **7/1/2016** 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, 2017, 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.	9/27/2006	**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**	180	**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days	30	**Number of Weeks**	
Address				**Contract Begins**	7/1/2016	**Ends**	7/13/2016
City, State, Zip	Hayward CA 94541			**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			$190.00 per Day	8			$ 1,520.00
RELATED SERVICES									
Speech Therapy1: Individual		X			$ 86.00 per Hour	30 Min/Week for 3 Week			$129.00
Speech Therapy2: Group		X			$ 55.00 per Hour	30 Min/Week for 3 Week			$82.50

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			$ 1,731.50

ESTIMATED MAXIMUM RELATED SERVICES COST $ 211.50

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 1,731.50

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)

Chris 9/2/16
(Signature) (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.)

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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.	6/5/1996	**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**	180	**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days	30	**Number of Weeks**	
Address				**Contract Begins**	7/1/2016	**Ends**	6/30/2017
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			$190.00 per Day	210			$ 39,900.00
RELATED SERVICES									
Adaptive PE 1: Individual		X			$ 80.00 per Hour	30 Min/Week for 45 Week			$1,800.00
Occupational Therapy1: Consult		X			$ 100.00 per Hour	45 Min/Month for 12 Month			$900.00
Occupational Therapy1: Individual		X			$ 100.00 per Hour	30 Min/Week for 45 Week			$2,250.00
Occupational Therapy2: Group		X			$ 81.00 per Hour	30 Min/Week for 45 Week			$1,822.50
Speech Therapy1: Consult		X			$ 86.00 per Hour	30 Min/Month for 12 Month			$516.00
Speech Therapy1: Individual		X			$ 86.00 per Hour	30 Min/Week for 45 Week			$1,935.00

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			$ 49,123.50

ESTIMATED MAXIMUM RELATED SERVICES COST $ 9,223.50

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 49,123.50

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) 9/2/16 (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)

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

This agreement is effective on **7/1/2016** 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, 2017, 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.	6/7/2004	**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**	180	**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days	30	**Number of Weeks**	
Address				**Contract Begins**	7/1/2016	**Ends**	6/30/2017
City, State, Zip	San Leandro CA 94578			**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			$190.00 per Day	210			$ 39,900.00
RELATED SERVICES									
Occupational Therapy1: Consult		X			$ 100.00 per Hour	30 Min/Week for 45 Week			$2,250.00
Occupational Therapy1: Individual		X			$ 100.00 per Hour	30 Min/Week for 45 Week			$2,250.00
Speech Therapy1: Consult		X			$ 86.00 per Hour	30 Min/Week for 45 Week			$1,935.00
Speech Therapy1: Individual		X			$ 86.00 per Hour	30 Min/Week for 45 Week			$1,935.00

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	
One-to-one Aide		X			131.00 /Day	210			$27,510.00
						TOTAL COST			$ 75,780.00

ESTIMATED MAXIMUM RELATED SERVICES COST $ 35,880.00

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 75,780.00

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)

Chris
(Signature) 9/2/16 (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)

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

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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.	4/7/1996	**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**	180	**Number of Weeks**	
				Education Schedule – Extended School Year			
				Number of Days	30	**Number of Weeks**	
Address				**Contract Begins**	7/1/2016	**Ends**	6/30/2017
City, State, Zip	San Leandro CA 94578			**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			$190.00 per Day	210			$ 39,900.00
RELATED SERVICES									
Adaptive PE 2: Group		X			$ 57.00 per Hour	50.1 Min/Week for 45 Week			$2,141.78

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			$ 42,041.78

ESTIMATED MAXIMUM RELATED SERVICES COST $ 2,141.78

SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/ RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES $ 42,041.78

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)

Chris 9/2/16
(Signature) (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)

Contract Year 2016-17 Contract Number:

LEA: San Leandro Unified School District Mid Alameda SELPA

NONPUBLIC SCHOOL/AGENCY/RELATED SERVICES PROVIDER:

Spectrum Center, Inc.

NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES MASTER CONTRACT

I. AUTHORIZATION FOR MASTER CONTRACT AND GENERAL PROVISIONS

1. MASTER CONTRACT

This Master Contract is entered into this 1st day of July, between the San Leandro Unified School District Mid Alameda SELPA (hereinafter referred to as "LEA") and Spectrum Center, Inc. (hereinafter referred to as "CONTRACTOR") for the purpose of providing special education and/or related services to LEA pupils with exceptional needs under the authorization of California Education Code sections 56157, 56361 and 56365 et seq. and Title 5 of the California Code of Regulations section 3000 et seq., AB490 (Chapter 862, Statutes of 2003) and AB1858 (Chapter 914, Statutes of 2004). It is understood that this Master Contract does not commit LEA to pay for special education and/or related services provided to any LEA pupil, or CONTRACTOR to provide such special education and/or related services, unless and until an authorized LEA representative approves the provision of special education and/or related services by CONTRACTOR pursuant to an Individualized Education Plan (hereinafter referred to as "IEP"), Individual Family Service Plan (hereinafter referred to as IFSP) or Rehabilitation Act Section 504 plan.

SELPA Collaborative: The LEA is a member of the Bay Area SELPA Collaborative. Nonpublic schools and nonpublic agencies that are geographically located in one of the participating SELPAs agree to participate in this collaborative process to establish a uniform contract for identified services and standards. The established system provides NPA/Ss with an opportunity to have input to the development of the process, contract issues, etc., and a simplified, standard process for rate negotiation with the participating SELPAs. Issues listed on the Rate Schedule portion of this Master Contract may be reviewed on an annual basis upon request of the CONTRACTOR using the established Bay Area SELPA Collaborative system. CONTRACTOR agrees that the rates set forth in this Master Contract will remain unchanged from July 1 through June 30 of the term of contract, with no changes in the services provided, unless changed in a duly executed amendment to this Master Contract signed by both parties. Increases in rates will be considered on an annual basis and remain unchanged for the term of the contract from July 1 through June 30, with no changes in level of service provided without written approval by both parties.

NPA/Ss that are not geographically located in a participating SELPA should negotiate rates with their geographically corresponding SELPA(s). The LEA will contact the corresponding SELPA to verify established rates. Increases in rates will be considered on an annual basis and remain unchanged for the following year from July 1 through June 30, with no changes provided without written approval by both parties.

Any CONTRACTOR not participating as a member of the Bay Area SELPA Collaborative shall individually negotiate rates following local SELPA and/or LEA procedures. Those CONTRACTORs shall notify the SELPA with whom they contract of any proposed rate changes effective July 1 by March 1 of the preceding year.

The Bay Area SELPA Collaborative Chair shall maintain, annually update and disseminate to all LEAs, NPS/As who are members of the Collaborative, a master rate schedule reflecting such NPS/A rates.

Upon CONTRACTOR's acceptance of a pupil referred by the LEA, the LEA shall complete an Individual Services Agreement (hereinafter referred to as "ISA") as specified in the LEA Procedures which shall identify the provider of each service required by the pupil's IEP/IFSP). For purposes of enrollment, the LEA must provide

of income and expenses; general journals; cash receipts and disbursement books; general ledgers and supporting documents; federal/state payroll quarterly reports; and bank statements and canceled checks or facsimile thereof. Such access shall include unannounced inspections by LEA. CONTRACTOR shall make available to LEA all budgetary information including operating budgets submitted by CONTRACTOR to LEA for the relevant contract period being audited.

CONTRACTOR shall make all records, or copies of records, available at either the office of the LEA or at the CONTRACTOR's offices (to be specified by LEA) at all times and without charge. All records shall be provided to LEA within) ten (10) working days of a written request from LEA. CONTRACTOR shall, at no cost to LEA, provide assistance for such examination or audit. LEA's rights under this section shall also include access to CONTRACTOR's offices for purposes of interviewing CONTRACTOR's employees. If any document or evidence is stored in an electronic form, a hard copy shall be made available to the LEA, unless the LEA agrees to the use of the electronic format. CONTRACTOR may request from the LEA an extension of time to comply with any records request, which shall not be unreasonably withheld.

If an inspection, review, or audit by the LEA, a state agency, a federal agency, and/or an independent agency/firm determines that the CONTRACTOR or the LEA owes the other monies as a result of over billing, underpayment, or failure to perform, in whole or in part, any of its obligations under this Master Contract, the party owed money shall provide to the other party written notice demanding payment and specifying the basis or bases for such demand. Unless otherwise agreed in writing, the party that owes money shall make such payment within thirty (30) days of receipt of the written notice demanding payment. In the event that a party from whom payment is demanded disputes that any payment is owed, the matter shall be resolve in accordance with the dispute resolution section of this Master Contract.

The attached rate schedule limits the number of LEA students that may be enrolled and maximum dollar amount of the contract. It may also limit the maximum number of students that can be provided specific services. Per diem rates for LEA students whose IEPs authorize less than a full instructional day shall be adjusted proportionally. Special education and/or related services offered by CONTRACTOR, shall be provided by qualified personnel as per State and Federal law, and the codes and charges for such educational and/or related services during the term of this contract, shall be as stated in Section 62.

RATE SCHEDULE

63. CONTRACTOR

The attached rate schedule limits the number of students that may be enrolled and maximum dollar amount of the contract. It may also limit the maximum number of students that can be provided specific services. Per Diem rates for students with IEPs authorizing less than a full instructional day may be adjusted proportionally. In such cases only, the adjustments in basic education rate shall be based on the percentage of a 240 -minute instructional day.

Special education and/or related services offered by CONTRACTOR shall be provided by qualified personnel as per State and Federal law and the charges for such educational and/or related services during the term of this contract shall be as follows:

The CONTRACTOR: Spectrum Center, Inc.

The CONTRACTOR CDS NUMBER:_____

CDE Certification, total enrollment may not exceed:_____

1.) Special Education Program/Special Education Instruction Tuition: Rate: ___$190.00___Period/Frequency: Day

2.) Inclusive Education Program (Daily rate)
(May include educational counseling services (not educationally related mental health ERMHs), speech & language services, behavior intervention planning, and occupational therapy as specified on the student's IEP.) Daily Rate: _____

3.) Related Services:

RELATED SERVICES	RATE	PERIOD/FREQUENCY
Intensive Individual Services (340)	$131.00	Day
Intensive Individual Services (340) HALF TIME	$65.50	Day
Language and Speech (415) INDIVIDUAL	$43.00	½ hour session
Language and Speech (415) GROUP	$27.50	½ hour session
Language and Speech (415) CONSULT	$43.00	½ hour session
Language and Speech (415) EVALUATION	$288.50	Evaluation
Adapted Physical Education (425) INDIVIDUAL	$40.00	½ hour session
Adapted Physical Education (425) GROUP	$28.50	½ hour session
Adapted Physical Education (425) CONSULT	$40.00	½ hour session
Adapted Physical Education (425) EVALUATION	$132.00	Evaluation
Health and Nursing: Specialized Physical Health Care (435)		
Health and Nursing: Other Services (436)		
Assistive Technology Services (445)	$42.00	½ hour session
Occupational Therapy (450) INDIVIDUAL	$50.00	½ hour session
Occupational Therapy (450) GROUP	$40.50	½ hour session
Occupational Therapy (450) CONSULT	$50.00	½ hour session
Occupational Therapy (450) EVALUATION	$366.00	Evaluation
Physical Therapy (460) INDIVIDUAL		½ hour session
Physical Therapy (460) INDIVIDUAL		½ hour session
Individual Counseling (510)	$50.00	½ hour session
Counseling GROUP	$38.50	½ hour session
Counseling and Guidance (515)	$50.00	½ hour session
Parent Counseling (520)	$50.00	½ hour session
Social Work Services (525)		
Psychological Services (530)		
Behavior Intervention Services (535)	$15.00	½ hour session
Specialized Services for Low Incidence Disabilities (610)		
Specialized Deaf and Hard of Hearing (710)		
Interpreter Services (715)		
Audiological Services (720)		
Specialized Vision Services (725)		
Orientation and Mobility (730)		

Specialized Orthopedic Services (740)		
Reader Services (745)		
Transcription Services (755)		
Recreation Services, Including Therapeutic (760)		
College Awareness (820)		
Work Experience Education (850)		
Job Coaching (855)		
Mentoring (860)		
Travel Training (870)		
Other Transition Services (890)		
Other (900) Augmentative Services	$43.00	½ hour session
Other (900) Transportation	District shall pay third party costs plus 10% admin fee	

The parties hereto have executed this Contract by and through their duly authorized agents or representatives. This contract is effective on the 1st day of July 2016, and terminates at 5:00 p.m. on June 30, 2017, unless sooner terminated as provided herein.

CONTRACTOR			**SCHOOL DISTRICT/SELPA**		
Spectrum Center, Inc.			San Leandro Unified School District		
Signature 9/2/16 *Date*			*Signature* *Date*		
Name and Title of Authorized Representative Chris Holmes, Senior VP of Operations			Name and Title of Authorized Representative: Mike McLaughlin, EdD, Superintendent		
Notices to CONTRACTOR shall be addressed to: Diana Niemoeller			Notices to LEA shall be addressed to: Theresa Gonzales		
Address 16360 San Pablo Ave			Address 2255 Bancroft Avenue		
City San Pablo	State CA	Zip 94806	City San Leandro	State CA	Zip 94577
Phone: 510-741-2729 Fax: 510-724-2913 E-mail: dniemoeller@spectrumschools.com Website: spectrumschools.com			Phone: 510-667-3522 Fax: 510-678-5303 E-mail: mmclaughlin@slusd.us Website: www.sanleandro.k12.ca.us		