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

This agreement is effective on July 1, 2019 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, 2020, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency San Leandro Unified School District Nonpublic School Seneca Family of Agencies

LEA Case Manager: Name Lyla Belli Phone Number (510) 618-4400 x3765

Pupil Name _____ Sex: ☒ M ☐ F Grade: 3
(Last) (First) (M.I.)
_____ City San Leandro State/Zip CA 94577

DOB 11/2/2010 Residential Setting: ☒ ☐ Foster ☐ LCI # _____ ☐ OTHER _____

Home Parent/Guardian _____ Phone ( ) _____ ( ) _____
(Residence) (Business)
Address _____ City _____ State/Zip _____

(If different from student)

AGREEMENT TERMS:

1. *Nonpublic School*: The average number of minutes in the instructional day will be: 240 during the regular school year
185 during the extended school year

2. *Nonpublic School*: The number of school days in the calendar of the school year are: 193 during the regular school year
25 during the extended school year

3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. *INCLUSIVE EDUCATION PROGRAM: (Applies to nonpublic schools only):* Daily Rate: _____

Estimated Number of Days 218 x Daily Rate $198.00 **= PROJECTED BASIC EDUCATION COSTS (A)** $43,164.00

B. RELATED SERVICES:

SERVICE	**Provider**			**# of Times per wk/mo/yr., Duration; or per IEP; or as needed**	**Cost per session**	**Maximum Number of Sessions**	**Estimated Maximum Total Cost for Contracted Period**
	LEA	**NPS**	**OTHER Specify**				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group		X X		900 mins/year 30min/wk starting 3/11/20	$100/hr $100/hr		$1,500.00 $750.00
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)		X X		5hrs assessment 30min/mo consult	$175/hr $175/hr		$875.00 $1,050.00
Physical Therapy (460)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900) NPS ERMHS		X		Daily	$263.00	218	$57,334.00
Other (900)							
Transportation-Emergency b. Transportation-Parent							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Bus Passes							
Professional Development							

ESTIMATED MAXIMUM RELATED SERVICES COST (C) $ $61,509.00

D. SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES (A, C, & D) or (B, C, & D) $ 104,673.00

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6.Progress Reporting Requirements: _____ Quarterly ___ Monthly X Other (Specify) NPS Quarterly Calendar

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	San Leandro Unified School District
(Name of Nonpublic School/Agency)	(Name of School District)
Jamie Tang	
(Signature) (Date)	(Signature) (Date)
Jamie Tang, Controller	Mike McLaughlin, Ed.D., Superintendent
(Name and Title)	(Name of Superintendent or Authorized Designee)

28