INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL SERVICES

(Education Code Sections 56365 et seq.)

This agreement is effective on May 12, 2021, 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, 2021, 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 – Maya Angelou Academy

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

Pupil Name _____ (Last) _____ (First) A (M.I.) Sex: ☒ M ☐ F Grade: 5

Address _____ City San Leandro State/Zip CA / 94578

DOB 11/26/2009 Residential Setting: ☒ Home ☐ Foster ☐ LCI # _____ ☐ OTHER _____

Parent/Guardian _____ Phone _____ (Residence) ( ) _____ (Business)

Address _____ (If different from student) City _____ State/Zip _____

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 AND/OR BASIC EDUCATION PROGRAM RATE: (Applies to nonpublic schools only):* Daily Rate: $204.00

   Estimated Number of Days 31 **x Daily Rate** $204.00 **= PROJECTED BASIC EDUCATION COSTS** $6,324.00

   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							
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		30 min / mo	$175/hr	2	$175.00
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							
Social Work Services (525)							

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				
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)J							
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other: NPS ERMHS		X		Daily	$263/day	31 days	$ 8,153.00

ESTIMATED MAXIMUM RELATED SERVICES COST$ $ 8,328.00

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS$ $14,652.00

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-	-LEA/SELPA-
Seneca Family of Agencies	
(Name of Nonpublic School/Agency)	(Name of LEA/SELPA)
(Signature) 5/24/2021 (Date)	(Signature) (Date)
Jamie Tang, Controller	
(Name and Title)	(Name of Superintendent or Authorized Designee)