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

This agreement is effective on June 7, 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 July 9, 2021, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency San Leandro Unified School District Nonpublic School The Speech Pathology Group, Inc.

LEA Case Manager: Name Julie Avilla Phone Number (510) 618-4600 x2188

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

Address _____ City San Leandro State/Zip CA 94578

DOB 03/23/2017 Residential Setting: ☒ Home ☐ Foster ☐ LCI # _____ ☐ OTHER _____

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: _____ during the regular school year
_____ during the extended school year

2. *Nonpublic School*: The number of school days in the calendar of the school year are: _____ during the regular school year
_____ 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 ___ x Daily Rate ____= PROJECTED BASIC EDUCATION COSTS (A) _____

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)							
Physical Therapy (460)			NPA	1 hr./week ESY	$100/hr.	5 weeks	$500.00
Individual Counseling (510)							

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				
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)							
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							

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				
Professional Development							

ESTIMATED MAXIMUM RELATED SERVICES COST (C) $ 500.00

D. SPECIALIZED EQUIPMENT/SUPPLIES _____ $ _____

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION/RELATED SERVICES COSTS/SPECIALIZED EQUIPMENT/SUPPLIES (A, C, & D) or (B, C, & D) $ 500.00

4. Other Provisions/Attachments:

_____

_____

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

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

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

The Speech Pathology Group, Inc.

(Name of Nonpublic School/Agency)

Susan Stark 6/7/21

(Signature) (Date)

Susan Stark, MS, CCC-SLP, President

(Name and Title)

-DISTRICT-

San Leandro Unified School District

(Name of School District)

(Signature) (Date)

Mike McLaughlin, Ed.D., Superintendent

(Name of Superintendent or Authorized Designee)

San Leandro Unified School District 2020-21		Addendum E Physical Therapy				As of:	6/1/2021
School Based Physical Therapists							
SPG Therapist	Site	Dates of Service	Hours per Day	Days per Week	Hours per Week	Notes	Hourly Rate	Amount
ESY Services 2021							
Stutz, Sara	PT	6/7/21-7/9/21	1 hour/week			Student: Tur,Ter	$100.00	$ 500.00
							ESY Services 2021:	$ 500.00

The Speech Pathology Group (NPA) and the LEA (District) understand that it is the District's responsibility to provide training for contracted staff pertaining to the District's policies and procedures, including but not limited to: SEIS, Progress Reporting, Attendance Registers**, Medical/MAA Billing.
**The District understands that collection and retention of all attendance registers submitted by contracted staff is the responsibility of the District.
It is further understood that the district will inform The Speech Pathology Group of contracted staff who are out of compliance with the District's policies and procedures.

Total 2020-2021 Services: $ 1,000.00

The contracting NPA understands that the District will provide computer access to contracted staff for SEIS access and input and for other required documentation.
The NPA will provide all diagnostic and therapy materials to contracted service providers with the understanding that District agrees to provide appropriate and necessary test protocols, as test protocols are part of the student's record and are retained in student's file.

Bilingual therapists are contracted to provide therapy services and will not be utilized as interpreters during IEP meetings as this is outside their scope of professional practice.

Susan Stark
Susan Stark, M.S., CCC-SLP
President

6/1/2021
Date

Name and Title
San Leandro Unified School District

Date