INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code sections 56365, 56366, et seq.) (Page 1 of 2)

NAME OF LOCAL EDUCATION AGENCY: San Leandro Unified
NAME OF NONPUBLIC SCHOOL/AGENCY: Spectrum Center, Inc.
PUPIL NAME: _____ _____ _____ SEX: ☐ M ☒ F
(Last) (First) (Middle)

PUPIL I.D./S.S. #: _____ BIRTHDATE: 11/7/1989 GRADE:
RESIDENTIAL SETTING: ☐ Home ☐ Foster ☒ LCI LCI PHONE #:
PARENT/GUARDIAN: _____ PHONE: (____)_____ (____)_____
(Residence) (Business)
PUPIL'S ADDRESS: _____ CITY: _____ STATE: CA ZIP: 94702

NON EDUCATIONAL PLACING AGENCY: (If applicable) _____

CONTRACT TERMS:

1. The pupil's teacher/service provider will hold the following credential/ license: SH, LH,ED SPEC M/M, or ED SPEC M/S (Generic description, i.e., LH credential).
2. The class size for the pupil will not exceed 14 and/or the therapist/pupil ratio will not exceed 1:5.
3. The length of the instructional program will be consistent with the Master Contract unless otherwise specified. per Spectrum Center calendar
4. Authorized educational services as specified in the IEP shall be provided by the CONTRACTOR under other provisions up to the amount specified.
5. Method for complying with statewide standardized assessment requirements: _____
6. Other Provisions (attachments as necessary). _____

A. BASIC EDUCATION PROGRAM (Applies to Nonpublic schools only.)

Number of Days 180 × Per Diem $ $180.00 = Total Basic Education Costs (A) $ 32,400.00
(Include extended school year days as appropriate to the pupil's IEP.)

B. DESIGNATED INSTRUCTION AND SERVICES/RELATED SERVICES:

	SERVICE PROVIDER			TOTAL MINUTES HRLY/PER WEEK/OR SESSION	COST PER SESSION					ANNUAL MAX TOTAL COST FOR CONTRACT PERIOD
	LEA	NPS/A	OTHER		DLY	WKLY	HRLY	GROUP	# OF WKS	
Occupational Therapy1: Consult		X		60 Min/Month for 10 Month			97.00			$970.00
Speech Therapy1: Consult		X		30 Min/Month for 10 Month			83.00			$415.00
One-to-one Aide		X		180 Day(s)	127.50				36.00	$22,950.00

MAXIMUM TOTAL RELATED SERVICES COST (b) $ 24,335.00
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (A+B) $ 56,735.00
MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES $ 315.19

INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES

(Education Code sections 56365, 56366, et seq.) (Page 2 of 2)

PUPIL NAME: _____

(Last) (First) (Middle)

All terms and conditions of the current Master Contract for Nonpublic, Nonsectarian School/Agency Service (NPS/NPA), hereinafter referred to as the Master Contract, previously executed by the parties hereto, are incorporated herein by reference. The Contractor will implement the Individualized Education Program (IEP) in accordance with this Agreement and the Master Contract, and will request an IEP review prior to any change in the service program. Pursuant to 34 CFR 300.9 and 34 CFR 300.300 parents and legal guardians are allowed, at any time subsequent to the initial provision of special education and related services to revoke their consent for special education and related services for their child /ward. Upon such revocation of consent, the responsible LEA may not continue to implement the child's last agreed upon and implemented IEP. However, the LEA must provide the parent/guardian with a 34 CFR 300.503 prior written notice before ceasing to provide the child with the special education and related services contained in his/her last agreed upon and implemented IEP. The Individual Services agreement attached to the student's last agreed upon IEP will end at the date noticed on the prior written notice and all associated nonpublic , nonsectarian school /agency services will cease as of the noticed date.

Invoices shall be submitted based on actual service provided and attendance standards addressed in the Master Contract.

The parties hereto have executed this contract by and through their duly authorized agents or representatives. This contract is effective on **8/23/2011** and terminates at 5:00 p.m. on **6/30/2012** unless sooner terminated as provided herein.

-CONTRACTOR-		-LOCAL EDUCATIONAL AGENCY-	
Gail Debiec OCT 21 2011			
(Authorized Signature)	(Date)	(Authorized Signature)	(Date)
Gail Debiec, Chief Operations Officer			
(Type or Print Name)	(Date)	(Type or Print Name)	(Date)
Spectrum Center, Inc.		San Leandro Unified	
(Name of NPS/NPA)		(Name of District, SELPA, County Office)	
		14735 Juniper Street	
16360 San Pablo Ave.			
(Mailing Address)		(Mailing Address)	
San Pablo, CA 94806		San Leandro CA 94579	
(City/State/Zip Code)		(City/State/Zip Code)	

INDIVIDUAL SERVICE AGREEMENT FOR NONPUBLIC, NONSECTARIAN SCHOOL/AGENCY SERVICES
(Education Code sections 56365, 56366, et seq.) (Page 1 of 2)

NAME OF LOCAL EDUCATION AGENCY: San Leandro Unified
NAME OF NONPUBLIC SCHOOL/AGENCY: Spectrum Center, Inc.
PUPIL NAME: _____ _____ _____ SEX: ☒ M ☐ F
(Last) (First) (Middle)

PUPIL I.D./S.S. #: _____ BIRTHDATE: 12/3/2003 GRADE: ____
RESIDENTIAL SETTING: ☒ Home ☐ Foster ☐ LCI LCI PHONE # _____
PARENT/GUARDIAN: _____ PHONE: (510) _____ (Residence) ( ) _____ (Business)
PUPIL'S ADDRESS: _____ CITY: San Leandro STATE: CA ZIP: 94578

NON EDUCATIONAL PLACING AGENCY: (If applicable) _____

CONTRACT TERMS:

1. The pupil's teacher/service provider will hold the following credential/ license: SH, LH,ED SPEC M/M, or ED SPEC M/S (Generic description, i.e., LH credential).
2. The class size for the pupil will not exceed 14 and/or the therapist/pupil ratio will not exceed 1:5.
3. The length of the instructional program will be consistent with the Master Contract unless otherwise specified. per Spectrum Center calendar
4. Authorized educational services as specified in the IEP shall be provided by the CONTRACTOR under other provisions up to the amount specified.
5. Method for complying with statewide standardized assessment requirements: _____
6. Other Provisions (attachments as necessary). _____

A. BASIC EDUCATION PROGRAM (Applies to Nonpublic schools only.)

Number of Days 156 × Per Diem $ $180.00 = Total Basic Education Costs (A) $ 28,080.00
(Include extended school year days as appropriate to the pupil's IEP.)

B. DESIGNATED INSTRUCTION AND SERVICES/RELATED SERVICES:

	SERVICE PROVIDER			TOTAL MINUTES HRLY/PER WEEK/OR SESSION	COST PER SESSION					ANNUAL MAX TOTAL COST FOR CONTRACT PERIOD
	LEA	NPS/A	OTHER		DLY	WKLY	HRLY	GROUP	# OF WKS	
Speech Therapy2: Group		X		30 Min/Week for 33 Week			52.00			$858.00
One-to-one Aide Half Time		X		156 Day(s)	63.75				31.20	$9,945.00

MAXIMUM TOTAL RELATED SERVICES COST (b) $ 10,803.00
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (A+B) $ 38,883.00
MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES $ 249.25

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(Education Code sections 56365, 56366, et seq.) (Page 2 of 2)

PUPIL NAME: _____

(Last) (First) (Middle)

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Invoices shall be submitted based on actual service provided and attendance standards addressed in the Master Contract.

The parties hereto have executed this contract by and through their duly authorized agents or representatives. This contract is effective on **10/10/2011** and terminates at 5:00 p.m. on **6/30/2012** unless sooner terminated as provided herein.

-CONTRACTOR-		-LOCAL EDUCATIONAL AGENCY-	
Gail Debiec OCT 21 2011			
(Authorized Signature)	(Date)	(Authorized Signature)	(Date)
Gail Debiec, Chief Operations Officer			
(Type or Print Name)	(Date)	(Type or Print Name)	(Date)
Spectrum Center, Inc.		San Leandro Unified	
(Name of NPS/NPA)		(Name of District, SELPA, County Office)	
		14735 Juniper Street	
16360 San Pablo Ave.			
(Mailing Address)		(Mailing Address)	
San Pablo, CA 94806		San Leandro CA 94579	
(City/State/Zip Code)		(City/State/Zip Code)	