(12)	Home or Hospital Instruction		
(13)	Other		

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 2011, and terminates at 5:00 p.m. on June 30, 2012, unless sooner terminated as provided herein.

CONTRACTOR, **Maxim Healthcare Services, Inc.** **1900 Powell Street, Suite 440** **Emeryville, CA 94608**	**SCHOOL DISTRICT/SELPA**
Melissa W. Bartek 10/18/2011 *Signature* *Date*	10/19/11 *Signature* *Date*
Name and Title of Authorized Representative ~~David Kowalczyk, VP Finance West Region~~ Melissa W. Bartek, Regional Controller	Name and Title of Authorized Representative Cindy Cathey, Superintendent
Notices to CONTRACTOR shall be addressed to: Name Daniel Maloney, General Manager	Notices to LEA shall be addressed to: Name David Poeschl, Director, Special Services
Address 1900 Powell Street, Suite 440	Address 14735 Juniper Street
City State Zip Emeryville CA 94608	City State Zip San Leandro, CA 94579
Phone: 510-597-9111 Fax: 510-597-9112 E-mail: damaloney@maxhealth.com Website: www.maximhealthcare.com	Phone: (510) 667-3507 Fax: (510) 614-1075 E-mail: dpoeschl@sanleandro.k12.ca.us Website: www.sanleandro.k12.ca.us

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

PUPIL NAME: Brown (Last) Abigail (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 7/1/11 and terminates at 5:00 p.m. on 6/30/12 unless sooner terminated as provided herein.

-CONTRACTOR-		-LOCAL EDUCATIONAL AGENCY-	
(Authorized Signature)	(Date)	(Authorized Signature)	(Date)
Melissa ~~Bertele-Weems~~ W. Bartek, Controller	10/18/2011	David Roesch	10/18/11
(Type or Print Name)	(Date)	(Type or Print Name)	(Date)
Maxim Healthcare Services, Inc.			
(Name of NPS/NPA)		(Name of District, SELPA, County Office)	
1900 Powell Street, Suite 440			
(Mailing Address)		(Mailing Address)	
Emeryville, CA 94608			
(City/State/Zip Code)		(City/State/Zip Code)	