**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 SCHOOL DISTRICT
NAME OF NONPUBLIC SCHOOL/AGENCY: THE SPEECH PATHOLOGY GROUP
PUPIL NAME:_____ _____ _____ SEX: (X ) M ( ) F
(Last) (First) (Middle)

PUPIL I.D./S.S. #: _____ BIRTHDATE 7/30/01 GRADE: _____
RESIDENTIAL SETTING: (x ) HOME ( ) FOSTER ( ) LCI LCI PHONE #
PARENT/GUARDIAN: _____ PHONE: ( ) _____ Residence (Business) ( ) _____
PUPIL'S ADDRESS: City _____ STATE: CA ZIP:
NON EDUCATIONAL PLACING AGENCY: (If applicable)_____

## CONTRACT TERMS:

1. The pupil's teacher/service provider will hold the following credential/ license: State of CA Speech Pathologist (Generic description, i.e., LH credential).
2. The class size for the pupil will not exceed N/A and/or the therapist/pupil ratio will not exceed N/A.
3. The length of the instructional program will be consistent with the Master Contract unless otherwise specified.
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). If therapist is required to provide a service (named on the log), SPG will bill on the invoice (including travel time).

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

Number of Days _____ × Per Diem $ _____ = Total Basic Education Costs (A)_____
(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 | |
| 1. O.T. IND | | | | | | | | | | |
| 2. Lang/Spch | | | | | | | | | | |
| 3. Transport. | | | | | | | | | | |
| 4. Counseling | | | | | | | | | | |
| 5. P.T. | | | | | | | | | | |
| 6.Consultation/ Assessment | | X | | 15-20 HOURS | | | 93.00 | | | 1,860.00 |
| 7. | | | | | | | | | | |

MAXIMUM TOTAL RELATED SERVICES COST (B) $1,860.00
MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (A+B) $
MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES $1,860.00

**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. 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 FEBRUARY 3, 2012 and terminates at 5:00 p.m. on APRIL 30, 2012 unless sooner terminated as provided herein.

| -CONTRACTOR- | | -LOCAL EDUCATIONAL AGENCY- | |
|---|---|---|---|
| (Authorized Signature) | (Date) | (Authorized Signature) | (Date) |
| Susan Stark | | Cindy Cathey | |
| (Type or Print Name) | (Date) | (Type or Print Name) | (Date) |
| The Speech Pathology Group of NPS/NPA) | | SAN LEANDRO UNIFIED SCHOOL DISTRICT (Name of District, SELPA, County Office) | |
| 2021 Ygnacio Valley Road, Suite C-202 | | 14735 Juniper Street | |
| (Mailing Address) | | (Mailing Address) | |
| Walnut Creek, CA 94598 | | San Leandro, CA 94579 | |
| (City/State/Zip Code) | | (City/State/Zip Code) | |