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: Progressus Therapy, LLC

PUPIL NAME: _____ _____ SEX: ☐ M ☐ F
(Last) (First) (Middle)

PUPIL I.D./S.S. #: --- BIRTHDATE: 12/4/09 GRADE: _____

RESIDENTIAL SETTING: ☒ HOME ☐ FOSTER ☐ LCI LCI PHONE # various

PARENT/GUARDIAN: ! PHONE: () (Residence) () (Business)

PUPIL'S ADDRESS: /e CITY: San Leandro STATE: CA ZIP: 94577

NON-EDUCATIONAL PLACING AGENCY: (If applicable) _____

CONTRACT TERMS

1. The pupil's teacher/service provider will hold the following credential/license: _____ (Generic description, i.e., LH Credential).
2. The class size for the pupil will not exceed _____ and/or the therapist/pupil ratio will not exceed 1:1/group .
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). _____

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

Number of Days _____ x Per Diem $ _____ = Total Basic Education Costs (**A**) $ _____
(Include extended school year days as appropriate to the pupil's IEP)

B. DESIGNATED INSTRUCTION AND SERVICES OR 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. OT										
2. Speech - Inclusive										
3. Transport.										
4. Counseling										
5. PT		X		60min/wk			$88		40	$3520
6.										
7.										

MAXIMUM TOTAL RELATED SERVICES COST (**B**) $ 3520.00

MAXIMUM TOTAL BASIC EDUCATION AND RELATED SERVICES COST (**A + B**) $ _____

MAXIMUM PER DIEM FOR BASIC EDUCATION AND RELATED SERVICES $ 3520.00

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 Contractor, 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 7/1/2011 and terminates at 5:00 p.m. on 6/30/2012 unless sooner terminated as provided herein.

-CONTRACTOR-		-LOCAL EDUCATIONAL AGENCY-	
Karen Combs 2/14/12			
(Authorized Signature)	(Date)	(Authorized Signature)	(Date)
Karen Combs			
(Type or Print Name)	(Date)	(Type or Print Name)	(Date)
Progressus Therapy, LLC		San Leandro Unified School District	
(Name of NPS/NPA)		(Name of District, SELPA, County Office)	
2701 N. Rocky Point Dr. Ste 650		14735 Juniper St.	
(Mailing Address)		(Mailing Address)	
Tampa, FL 33607		San Leandro, CA 94566	
(City/State/Zip Code)		(City/State/Zip Code)	