

RATE SCHEDULE

Total Amount of Contract is not to exceed: \$ 251,170.00

62. CONTRACTOR – Bayhill High School

Per CDE Certification, total enrollment may not exceed: ~~96~~ ^{m.m} 80

RATE SCHEDULE. Special education and/or related services offered by CONTRACTOR and the charges for such educational and/or related services during the term of this contract shall be as follows:

A. Basic Education Program/Special Education Instruction
Basic Education Program/Dual Enrollment*


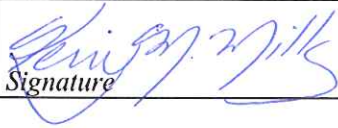
^{m.m} Rate Period
\$123.61 ~~\$129.72~~ Per Diem

*Per Diem rates for LEA pupils whose IEP/IFSPs authorize less than a full instructional day shall be adjusted proportionally. In such cases only, the adjustments in basic rate shall be based on the percentage of a 240-minute instructional day.

B. Related Services

(1)	a. Transportation – Round Trip		
	b. Transportation – One Way		
	c. Transportation-Dual Enrollment		
	d. Parent*		
(2)	a. Educational Counseling – Individual	\$100.00	Per hour
	b. Educational Counseling – Group of _____	\$50.00	Per hour
	c. Counseling – Parent		
(3)	a. Adapted Physical Education – Individual		
	b. Adapted Physical Education – Group of _____		
	c. Adapted Physical Education – Group of _____		
(4)	a. Language and Speech Therapy – Individual	\$100.00 ^{m.m} \$110	Per hour
	b. Language and Speech Therapy – Group of 2	\$50.00 ^{m.m} \$55	Per hour
	c. Language and Speech Therapy – Group of 3		
	d. Language and Speech Therapy – PUSH		
	e. Language and Speech - Consultation Rate	\$100.00 ^{m.m} \$110	Per hour
(5)	a. Additional Adult Assistance - Individual (must be authorized on IEP/IFSP)	^{m.m}	
	b. Additional Adult Assistance – Group of 2		
	c. Additional Adult Assistance – Group of 3		
(6)	Intensive Special Education Instruction, by credentialed special education teacher		
(7)	a. Occupational Therapy – Individual	\$100.00	Per hour
	b. Occupational Therapy – Group of 2		
	c. Occupational Therapy – Group of 3		
	d. Occupational Therapy – Group of 4 - 7		
	e. Occupational Therapy - Consultation Rate		
(8)	Physical Therapy		
(9)	a. Behavior Intervention – BII		
	b. Behavior Intervention – BID		
	Provided by:		
(10)	Nursing Services		
(11)	Other: Psychological Services other than Assessment and IEP		
(12)	Home or Hospital Instruction		
(13)	Residential Placement Services:		
	a. Educationally Related Mental Health		
	b. Board and Care		
(14)	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 2013, and terminates at 5:00 p.m. on June 30, 2014, unless sooner terminated as provided herein.

CONTRACTOR	SCHOOL DISTRICT/SELPA
RASKOB LEARNING INSTITUTE AND DAY SCHOOL	MT. DIABLO UNIFIED SCHOOL DISTRICT
 Signature	 Signature
7/16/13 Date	8/15/13 Date
	Signature Date
Name and Title of Authorized Representative: Edith Ben Ari Executive Director	Name and Title of Authorized Representative: Kerri M. Mills, Ed.D. Asst. Supt. Pupil Service and Special Education
Notices to CONTRACTOR shall be addressed to:	Notices to LEA shall be addressed to: Kerri M. Mills, Ed.D. Asst. Supt. Pupil Service and Special Education
Address: 3520 Mountain Boulevard	Address 1936 Carlotta Drive
City State Zip Oakland, CA 94619	City State Zip Concord, CA 94519-1397
Phone: (510) 436-1254 Fax: (510) 436-1106 E-mail: benari@hnu.edu Website: www.raskobinstitute.org	Phone: (925) 682-8000 ext. 4047 Fax: (925) 674-0514 E-mail: millsk@mdusd.org Website: www.mdusd.org
	Additional Notices to LEA shall be addressed to: Bryan Cassin NPS, NPA and ADR Administrator
	Address 1936 Carlotta Drive
	City State Zip Concord, CA 94519-1397
	Phone: (925) 682-8000 ext. 4192 Fax: (925) 674-0667 E-mail: cassinb@mdusd.org Website: www.mdusd.org