

**Designated contract signer's name, title, address, phone and email:**

Susan Stark, M.S., CCC-SLP, President  
2021 Ygnacio Valley Road, C-103  
Walnut Creek, CA 94598  
(925) 945-1474 x109  
susan@speechpath.com

**Contact person for contract questions/issues (email and telephone number):**

Susan Stark, M.S., CCC-SLP, President  
(925) 945-1474 x109  
susan@speechpath.com

**Contact person for invoice questions/issues (email and telephone number):**

Valerie Siino, VP of Financial Operations  
(925) 945-1474 x114  
valerie@speechpath.com

**RATE SCHEDULE**

**62. CONTRACTOR**

**Per CDE Certification, total enrollment may not exceed:** \_\_\_\_\_

*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:*

	Rate	Period
A. <u>Basic Education Program/Special Education Instruction</u>	_____	_____
Basic Education Program/Dual Enrollment*	_____	_____

\*Per Diem rates for LEA pupils with IEP/IFSPs that 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		
	b. Educational Counseling – Group of _____		
	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 (ISA)	\$95.00	per hour
	b. Language and Speech Therapy – Group of 2 (ISA)	\$76.00	per hour
	c. Language and Speech Therapy – Group of 3 (ISA)	\$76.00	per hour
	d. Language and Speech Therapy – Daily Rate	\$685.00	per day*
	e. Language and Speech - Daily Specialty Rate**	\$766.00	per day*
	f. Language and Speech - Consultation & IEE Rate	\$126.00	per hour
(5)	a. Additional Adult Assistance - Individual (must be authorized on IEP/IFSP)		
	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		
	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/RBT	\$75.00	per hour
	b. Behavior Intervention – BID/BCBA	\$125.00	per hour
	Provided by: _____		
(10)	Nursing Services		
(11)	Other: Psychological Services other than Assessment and IEP		
(12)	Home or Hospital Instruction		
(13)	Residential Placement Services:		

\*7-8 hour day. SLPs will adhere to district staff calendar (including teacher work days and staff development days). SPG utilizes a Professional Work Week. Daily hours may flex pending caseload requirements (i.e., IEP meetings, parent conferences, SST meetings, etc.).

\*\*Specialty Rates may apply for Bilingual, DHH, and /or AAC services.



**NOTICE OF NONPUBLIC, NONSECTARIAN AGENCY CERTIFICATION**

Date: December 12, 2014  
Site Administrator: Susan Stark  
Nonpublic Agency: The Speech Pathology Group, Inc.- Walnut Creek  
NPA ID: 1A-07-033  
Site Address: 2021 Ygnacio Valley Road, C202  
City: Walnut Creek CA 94598

**Maximum Capacity:** 76+

2015 CERTIFICATION STATUS:

Amended

**APPROVED**

EFFECTIVE DATES:

January 01, 2015 *through* December 31, 2015

**Authorized Sites to Serve:**

LEAs  NPA Sites  NPS Sites

**Authorized to Provide the Following Related Services:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Adaptive PE                                      | <input type="checkbox"/> Low Incidence  | <input type="checkbox"/> Recreational Services                   |
| <input type="checkbox"/> Audiological Services                            | <input checked="" type="checkbox"/> Language Speech Development and Remediation |  |
| <input type="checkbox"/> Assistive Technology Services                    | <input type="checkbox"/> Music Therapy  | <input type="checkbox"/> Specialized Driver Training Instruction |
| <input checked="" type="checkbox"/> Behavior Intervention Design Planning | <input type="checkbox"/> Nonmedical Care Room and Board                         | <input type="checkbox"/> Social Worker                           |
| <input checked="" type="checkbox"/> Behavior Intervention Implementation  | <input type="checkbox"/> Orientation and Mobility Instruction                   | <input type="checkbox"/> Transcriber Services                    |
| <input type="checkbox"/> Counseling and Guidance                          | <input type="checkbox"/> Occupational Therapy                                   | <input type="checkbox"/> Vision Services                         |
| <input type="checkbox"/> Early Education                                  | <input type="checkbox"/> Parent Counseling and Training                         | <input type="checkbox"/> Vocational Education/Career Development |
| <input type="checkbox"/> Educational Interpreter                          | <input type="checkbox"/> Psychological Services                                 | Other Services Authorized:                                       |
| <input type="checkbox"/> Health and Nursing Services                      | <input type="checkbox"/> Physical Therapy                                       |  |

Certification is not an endorsement of the services offered by the nonpublic agency (NPA), but states only that the NPA meets minimum legal standards. "Approved" or "Conditional" certifications authorize the NPA to accept students placed by local educational agencies (LEAs) under California Education Code Section 56366.

**JESSICA GRAY**

Jessica Gray  
Interagency Nonpublic Schools and Agencies Unit  
Special Education Division



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/6/2015

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Arthur J. Gallagher & Co. Insurance Brokers of CA, Inc, LIC # 0726293 3697 Mt. Diablo Blvd, Suite 300 Lafayette CA 94549	<b>CONTACT NAME:</b> <b>PHONE (A/C No, Ext):</b> 925-299-1112 <b>FAX (A/C No):</b> 925-299-0328 <b>E-MAIL ADDRESS:</b>													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> American Economy Insurance Company</td> <td>19690</td> </tr> <tr> <td><b>INSURER B:</b> American States Insurance Company</td> <td>19704</td> </tr> <tr> <td><b>INSURER C:</b> Republic Indemnity Company of Ameri</td> <td>22179</td> </tr> <tr> <td><b>INSURER D:</b> Columbia Casualty Company</td> <td>31127</td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> American Economy Insurance Company	19690	<b>INSURER B:</b> American States Insurance Company	19704	<b>INSURER C:</b> Republic Indemnity Company of Ameri	22179	<b>INSURER D:</b> Columbia Casualty Company	31127	<b>INSURER E:</b>		<b>INSURER F:</b>
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<b>INSURED</b> <b>SPEEPAT-01</b> The Speech Pathology Group, Inc. 2021 Ygnacio Valley Road, #C103-202 Walnut Creek CA 94598														

**COVERAGES** **CERTIFICATE NUMBER: 2055783551** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		02BP65788080	11/1/2014	11/1/2015	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$4,000,000
							PRODUCTS - COMP/OP AGG	\$4,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			02BP65788080	11/1/2014	11/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$Included
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			01CT11199180	11/1/2014	11/1/2015	EACH OCCURRENCE	\$1,000,000
							AGGREGATE	\$1,000,000
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A			18629502	10/1/2014	10/1/2015	<input checked="" type="checkbox"/> PER-STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000
D	<b>Professional Liability</b> <b>Sexual Molestation &amp; Abuse</b>			HMA4032222870	3/1/2015	3/1/2016	Each Claim	\$2,000,000
							Aggregate Limit	\$5,000,000
							Each Claim & Aggregat	\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The above Additional Insured, Primary and Waiver of Subrogation Endorsements are only valid if requested by written contract. Mt. Diablo Unified School District is included as additional insured per attached BP7032 0702. The Excess Liability policy includes the Workers Compensation/Employers Liability policy as an underlying policy. Therefore, the total Employers Liability limits are \$2,000,000.

**CERTIFICATE HOLDER** **CANCELLATION**

Mt. Diablo Unified School District 1936 Carlotta Dr., Wing D Concord CA 94519 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



**BUSINESSOWNERS  
BP 70 32 07 02**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED — OWNERS, LESSEES OR CONTRACTORS**

This endorsement modifies insurance provided under Section II — Liability in

**BUSINESSOWNERS COVERAGE FORM**

**SCHEDULE**

**Name of Person or Organization:**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Paragraph C) is amended to include as an insured any person or organization shown in the Schedule, subject to the following provisions:

- a. The person or organization added as an insured by this endorsement is an insured only to the extent you are held liable due to your ongoing operations for that insured, whether the work is performed by you or for you.
- b. The coverage provided by this endorsement does not apply to “bodily injury” or “property damage” included within the “products-completed operations hazard.”
- c. A person’s or organization’s status as an insured under this endorsement ends when your operations for that insured are completed.
- d. No coverage will be provided if, in the absence of this endorsement, no liability would be imposed by law on you. Coverage shall be limited to the extent of your negligence or fault according to the applicable principles of comparative fault.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>The Speech Pathology Group, Inc.</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>2021 Ygnacio Valley Road, C-103</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Walnut Creek, CA 94598</b>	
	7 List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>											
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.											
	Social security number <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>				-			-			
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or											
	Employer identification number <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px;">9</td> <td style="width: 20px;">4</td> <td style="width: 20px;">-</td> <td style="width: 20px;">3</td> <td style="width: 20px;">2</td> <td style="width: 20px;">9</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">2</td> </tr> </table>	9	4	-	3	2	9	0	1	2	2
9	4	-	3	2	9	0	1	2	2		

<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>3/10/15</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.




## Staff Clearances and Annual Required Notices

The Speech Pathology Group certifies that pursuant to California Education Code sections 44237, 56366.1, 35021.1, and 35021.2 all employees of The Speech Pathology Group have obtained clearance from the California Department of Justice and the Federal Bureau of Investigation and none of its employees have been convicted of a violent or serious felony as defined in California Education Code section 44237(h), unless despite the employee's conviction of a violent or serious felony, he or she has met the criteria to be eligible for employment pursuant to California Education Code section 44237(i) or (j). Records of these clearances are kept on file in The Speech Pathology Group's Human Resources Department and The Speech Pathology Group has enrolled in subsequent arrest notification service as specified for each owner, operator, and employee of The Speech Pathology Group, per the requirements of Assembly Bill 389 and California Penal Code section 11105.2.

All employees of The Speech Pathology Group hold a state license from the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board and/or credential from the California Commission on Teacher Credentialing per California Education Code section 35021. Tuberculosis clearance has also been obtained for all Speech Pathology Group employees per the requirements of California Education Code sections 35021 et. seq. The Speech Pathology Group complies with the OSHA Blood Borne Pathogens Standards, per Title 29 Code of Federal Regulations section 1910.1030 and provides annual trainings regarding blood borne pathogens health care precautions. Annual notices and procedures are distributed to all Speech Pathology Group employees including but not limited to: Anti-Bullying and Harassment, also cited as the Safe Place to Learn Act (as defined by California Education Code sections 48900 and 234-234.5), Child Abuse and Neglect Mandated Reporting, Positive Behavior Intervention (California Code of Regulations, Title 5, Section 3052(i)), Reporting of Missing Children (California Education Code 49370), and Sexual Harassment/Non-Discrimination .

Records of state license/credential, tuberculosis clearances, and confirmation of receipt of all required annual notices are kept on file in The Speech Pathology Group's Human Resources Department.

  
\_\_\_\_\_  
Susan Stark, M.S., CCC-SLP  
President

  
\_\_\_\_\_  
Date