



YPS Vendor/Partner Evaluation Form

An evaluation of partnerships throughout the District

Evaluator Name: Dr. Jason Baez

Role: Executive Director

General Information			
Grant Name	Title IV	Contract Amount	\$39,480
Partner/Partner	Greg Joyner	Date of Service(s)	9-1-23 - 8-31-24
School Site(s)	District-Wide		

1. Were there three quotes for vendor services?

YES (if yes, please list vendors below)

NO (if no, please explain)

N/A

Explain: _____

2. In what ways does this vendor/partnership align to our Districts mission/vision/strategic plan?

Mr. Joyner works closely with our MBK Chapters at school buildings. He is leading and facilitating the meeting and providing YPS staff members with support.

3. What was the primary goal of the partnership? (Fill the option(s) that most closely relates to the main objective of the partnership.)

To provide PD to a certain population of the schools.

To provide programmatic support to the schools.

To provide tutoring or instructional support.

To help to assess current practices.

To connect the schools with other resources.

To help to develop curriculum and activities for the district, school or classroom.

To support mental and emotional health

Other: _____

4. Were the specified goal(s) and objectives reached?

YES

NO (if no, please explain)

N/A

Explain: _____

5. Did this partner deliver on the expected agreement and outcomes?

YES

NO (if no, please explain)

Explain: _____

6. Did this partner supply appropriate materials and supplies necessary to accomplish goals and outcomes?

- YES
- NO (if no, please explain)
- N/A

Explain: _____

7. Did this partner provide adequate feedback and support?

- YES
- NO (if no, please explain)
- N/A

Explain: _____

8. Please complete the Vendor/Partner Assessment Criteria scale below and rank this partner on the following areas:


Vendor/Partner Assessment Criteria					
Criterion	(1) Ineffective	(2) Somewhat Ineffective	(3) Somewhat Effective	(4) Effective	(5) Highly Effective
Preparation: <i>Provides high-quality services to meet goals</i>				X	
Competency: <i>Knowledge of craft</i>					X
Flexibility: <i>Willingness to change or compromise</i>				X	
Consistency: <i>Schedule & routine</i>		X			
Organization: <i>Structured, orderly, & efficient use of time management</i>		X			
Professionalism: <i>Interactions are cordial & respectful</i>					X
Overall Experience with partner				X	

9. Please indicate specifically how the vendor/partner impacted student achievement, leadership development or district operations. **Note: Please provide documentation and evidence of impact of vendor/partner services.**

Mr. Joyner has supported MBK Chapters by facilitating MBK Chapter meetings. Additionally, Mr. Joyner is part of the co-lead of MBK Milestone #6.

10. Use the space below to provide any additional feedback you think would be helpful:

Moving forward, we need to be consistent with the schedule we create and efficient use of time management. Every day should be spent at a school either leading an MBK Chapter, supporting a MBK Chapter Leader, and/or supporting a school's MBK administrator. Any changes in schedule will have to be approve by MBK Executive Director. Any paper work needs to be completed in timely matter.

Signature of Evaluator  Digitally signed by J Baez
Date: 2024.09.25 11:34:08 -04'00'

Date: 9/25/24

******* FOR PEER REVIEW ONLY *******

Vendor/Partner Peer Review Criteria					
Criterion	(1) Ineffective	(2) Somewhat Ineffective	(3) Somewhat Effective	(4) Effective	(5) Highly Effective
Impact: <i>Based on artifacts/evidence/ evaluation</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overall Experience with partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Peer Reviewer _____

Date: _____

Signature of Peer Reviewer _____

Date: _____