

## PERFORMANCE BASED CONTRACT GUIDELINES

1. WHAT IS THE PURPOSE AND SCOPE OF THE SERVICE? (Describe in detail any services to be provided or materials to be purchased)

To digitize and streamline a self-reflective, evidence based evaluation profess for our certified and non-certified administrators.

2. AMOUNT OF SERVICE?

(Set forth the monetary value of the proposed agreement and quantities and/or amounts of time required to be devoted to the contract and describe where services are to be provided as specified in Schedule "B")

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

(Describe whether services are to be provided directly to students, to staff, etc.)

PLS3rd Learning services the superintendent, certified and non-certified administrators.

4. WHO WILL PROVIDE SERVICES?

(If individual providers are contemplated, set forth the names and qualifications of the service providers)

Employees of PLS 3<sup>rd</sup> Learning

4a. WILL THE CONTRACTOR BE UTILIZING ANY SUBCONTRACTORS OR VOLUNTEERS IN FURTHERANCE OF THIS AGREEMENT? **IF YES, PLEASE LIST ALL OF THEIR NAMES AND CONTACT INFORMATION.**

No

5. WHAT WILL BE COMMUNICATED TO DISTRICT PERSONNEL, PARENTS, OTHERS ABOUT PROGRESS AND RESULTS OF THE SERVICES?

(How specifically will the contractor report to the School District (or parents, if applicable) about their progress towards achieving the goals of the contract?)

Progress of results is the outcome of using SuperEval; it's autogenerated in the last step of the process.

6. HOW WILL THE SCHOOL DISTRICT JUDGE THE QUALITY OF SERVICES? (Set forth the method which will be used to evaluate contractor's performance)

If the success indicators are met.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: PLS 3<sup>rd</sup> Learning  
Vendor Address: 678 Main Street  
Vendor Phone No.: 716.855.2250  
Vendor Business Status: (corporation, non-profit individual, unincorporated)  
Vendor Contact Name: Michael Horning Jr.  
Vendor Contact Email: Michael@SuperEval.com  
Tax ID No.:

School District Administrator Name: Dr. Michelle Yazurlo  
School District Administrator Title: Assistant Superintendent  
School District Administrator Phone No.: 914.721.8822  
School District Administrator Email:myazurlo@yonkerspublicschools.org

**8. ARE THE SERVICES PURSUANT TO A GRANT AGREEMENT? IF YES, WHAT IS THE GRANT, AND WHAT ARE THE GRANT REQUIREMENTS RELATED TO THIS AGREEMENT?**

General Fund

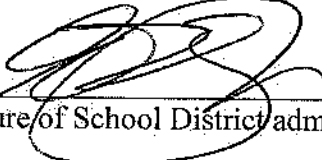
**9. WILL THE CONTRACTOR BE RECEIVING ANY STUDENT DATA OR OTHER DATA FROM YONKERS PUBLIC SCHOOLS? IF YES, PLEASE DESCRIBE. IF STUDENT DATA IS BEING SHARED, PLEASE PROCEED TO QUESTION 10 BELOW.**

No

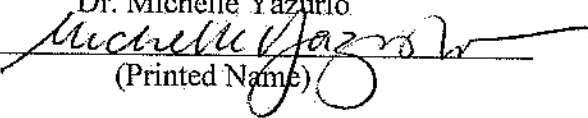
**10. WILL THE STUDENT DATA BE USED FOR THE PURPOSE OF DEVELOPING, VALIDATING, ADMINISTERING STUDENT AID PROGRAMS, OR IMPROVING INSTRUCTION? IF YES, PLEASE SPECIFICALLY DESCRIBE.**

No

Performance Based Guidelines  
Reviewed and approved by:



(Signature of School District administrator/employee)

Dr. Michelle Yazurlo  
  
(Printed Name)