

PERFORMANCE BASED CONTRACT GUIDELINES

EI US, LLC dba LearnWell (LearnWell Services)

2 Main Street Extension, Suite 2A

Plymouth, MA 02360

Jenna Matthews

508-732-9101

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

LearnWell. will provide instructional services to District students who are hospitalized at the Westchester Medical Center and New York Presbyterian Hospital for medical and emotional/behavioral problems.

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")

Total amount not to exceed \$63,000.

- a. Number of hours (days, weeks, etc)
As per State requirements:
1 hour per school day for elementary students
2 hours per school day for secondary students
- b. When the service is to be provided
Services will be provided upon hospitalization of student at Westchester Medical Center and/or New York Presbyterian Hospital and cease upon their discharge.
- c. Location(s)
Services will be provided at the Westchester Medical Center and/or New York Presbyterian Hospital.

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Students who are hospitalized at by the Westchester Medical Center and/or New York Presbyterian Hospital. Contractor will keep a log of students and number of hours served

4. WHO WILL PROVIDE SERVICES?

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

Students who are hospitalized at by the Westchester Medical Center and/or New York Presbyterian Hospital. Contractor will keep a log of students and number of hours served

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?)

The Tutoring Supervisor is the first level of contact, developing an individual plan for each student and continuously coordinating the school system staff (teachers, special education, etc.) tutors and family members throughout the tutoring process. The Director is available to attend team meetings, set up all new students, acclimate the students' guardians to the process of tutoring and coordinate the back-to-school program.

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

Each student is given specified, individual goals (general and special education students) allowing for coherent treatment component while a child is in the hospital unit. Tutors will generate progress reports for each student.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: EI US, LLC dba LearnWell (LearnWell Services)

Vendor Address: 2 Main Street, Suite 2A
Plymouth, MA 02360

Vendor Phone No.: 508-732-9101

Vendor Business Status: (corporation, non-profit individual, unincorporated)

Vendor Contact Name: Jenna Matthews

Vendor Contact Email: jmatthews@learnwelleducation.com

Tax ID No.: 82-3897672

School District Administrator Name: Dr. Luis Rodriguez

School District Administrator Title: Assistant Superintendent Special Education and Pupil Support Services

School District Administrator Phone No.: 914-376-8489

School District Administrator Email: lrodriguez2@yonkerspublicschools.org

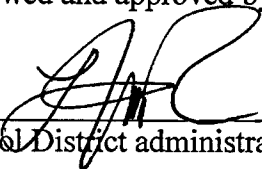
8. ARE THE SERVICES PURSUANT TO A GRANT AGREEMENT? IF YES, WHAT IS THE GRANT, AND WHAT ARE THE GRANT REQUIREMENTS RELATED TO THIS AGREEMENT?

No

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.

<p>Performance Based Guidelines Reviewed and approved by:</p> <p></p> <p>_____ (Signature of School District administrator/employee)</p> <p>_____ Dr. Luis Rodriguez Assistant Superintendent Special Education and Pupil Support Services</p>
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