

PERFORMANCE BASED CONTRACT GUIDELINES

Isa Marrs Speech Language Pathology, LLC

127 Woodside Avenue, #201

Briarcliff Manor, New York 10510

914-282-2799

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

To provide Feeding Therapy, Occupational, Physical, and Speech Services and Evaluations and Assistive Technology Services and Evaluations to District students on an as needed basis as requested by the District.

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")

\$104,480.00

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Service is to be provided to students.

4. WHO WILL PROVIDE SERVICES?

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

Isa Marrs Speech Language Pathology, LLC

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.**

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?)

Isa Marrs Speech Language Pathology, P.C. will communicate the services being provided to the District students.

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

The quality of services will be judged through communication with Isa Marrs Speech Language Pathology, P.C. and the District.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Isa Marrs Speech Language Pathology, PC

Vendor Address: 127 Woodside Avenue, Apt. 201
Briarcliff Manor, New York 10510

Vendor Phone No.: 914-282-2799

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

Vendor Contact Name: Isa Marrs

Vendor Contact Email: imslppc@gmail.com

Tax ID No.: 201212915

School District Administrator Name: Dr. Luis Rodriguez

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

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

School District Administrator Email: lrodriguez2@yonkerspublicschools.org

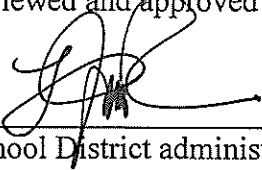
8. ARE THE SERVICES PURSUANT TO A GRANT AGREEMENT? IF YES, WHAT IS THE GRANT, AND WHAT ARE THE GRANT REQUIREMENTS RELATED TO THIS AGREEMENT?

Yes, Extended School Year Reimbursement Account.

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>_____ (Signature of School District administrator/employee)</p> <p>_____ Dr. Luis Rodriguez Assistant Superintendent Special Education and Pupil Support Services</p>
