

PERFORMANCE BASED CONTRACT GUIDELINES

Marcie L. Klebanoff, MA.ATP.
Assistive Technology & Augmentative Communication Specialist
178 Garth Road, Suite 5L
Scarsdale, NY 10853
(914) 874-3605
Mkleb@aol.com www.marcieklebanoff.com

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

Marcie L. Klebanoff is an Assistive Technology & Augmentative Communication Specialist who will be servicing student's in the Yonkers Public School District. The services will include Screening or Consult, Evaluations, Setup/modifications, Technical Support, Programming of Augmentative Communication Devices, Training and also attend meetings upon request.

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")

The amount of services shall be based on the District's needs. Services shall be requested on an as needed basis. The total amount of services shall not exceed \$62,200.00.

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Special Education Students

4. WHO WILL PROVIDE SERVICES?

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

Marcie L. Klebanoff

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 results of Ms. Klebanoff's services will be communicated to involved program staff.

Written reports will be provided to the District for all evaluations

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

By the Special Education Department based upon feedback from staff, families and/or students as well as the comprehensive reports.

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7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Marcie L. Klebanoff, MA, ATP Assistive Technology & Augmentative Communication Specialist

Vendor Address: 178 Garth Road, Suite 5L
Scarsdale, NY 10853

Vendor Phone No.: (914) 874-3605

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

Vendor Contact Name: Marcie L. Klebanoff

Vendor Contact Email: Mkleb@aol.com www.marcieklebanoff.com

Tax ID No.:219-88-37354

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.

Yes, the provider will receive a copy of the student's IEP.

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>
