

**PERFORMANCE BASED CONTRACT GUIDELINES**

**Westchester Institute for Human Development**

**422 Cedarwood Hall**

**Valhalla, New York 10595**

**914-493-1317**

**Donna Lombardi**

**atp@wihd.org**

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

Comprehensive Assistive Technology evaluations will be performed by the Westchester Institute for Human Development Assistive Technology Team. The comprehensive evaluation may require the services of one or more of the following disciplines: Speech-Language Pathologists (Augmentative/Alternate Communication/Instructional Technology); and/or Occupational Therapists.

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 contract is in an amount not to exceed \$5,000.

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

The services will be provided to students in our District.

4. WHO WILL PROVIDE SERVICES?

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

Westchester Institute for Human Development Assistive Technology Team

- 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 provider will communicate with the Yonkers Public Schools Special Education

Department and provide the District with completed evaluations for assigned 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)

Quality will be monitored through ongoing communication and feedback between District staff, Westchester Institute for Human Development and/or parents of the student(s) served.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Westchester Institute for Human Development

Vendor Address: 422 Cedarwood Hall

Valhalla, New York 10595

Vendor Phone No.: 914-493-1317

Vendor Business Status: (non-profit individual)

Vendor Contact Name:

Vendor Contact Email: atp@wihd.org

Tax ID No.:

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

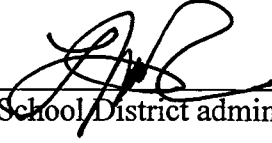
9. WILL THE CONTRACTOR BE RECEIVING ANY STUDENT DATA OR OTHER DATA FROM YONKERS PUBLIC SCHOOLS? IF YES, PLEASE DESCRIBE. IF STUDENT DATA IS BEING SHARED, PLEASE PROCEED TO QUESTION 10 BELOW.

Yes, the provider will have access to the IEPs of assigned students.

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. Luis Rodriguez**  
**Assistant Superintendent**  
**Special Education (Title I)**  
**Pupil Support Services**