PERFORMANCE BASED CONTRACT GUIDELINES

VDM Psychology
500 Mamaroneck Avenue, Suite 320
Harrison, NY 10528
914-630-5560
Dr. Alyssa van der Merwe
WWW.VDMpsychology.com

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 Neuropsychological Evaluations on a 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")

$20,000.00

3. WHO IN THE SCHOOL DISTRICT IS SERVED?
(Describe whether services are to be provided directly to students, to staff, etc.)

Services to be provided to District Students.

4. WHO WILL PROVIDE SERVICES?
(If individual providers are contemplated, set forth the names and qualifications of the service providers)

VDM Psychology will perform these services

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?)

VDM Psychology will the report of the neuropsychological evaluation.

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 the evaluations will be monitored by the District.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: VDM Psychology
Vendor Address: 500 Mamaroneck Avenue, Suite 320
Harrison, New York 10528
Vendor Phone No.: 914-630-5560
Vendor Business Status: (corporation, non-profit individual, unincorporated)
Vendor Contact Name: Dr. Alyssa van Der Merwe
Vendor Contact Email: WWW.VDMpsychology.com
Tax ID No.: 84-3851841

School District Administrator Name: Dr. Stephanie McCaskill
School District Administrator Title: Interim Assistant Superintendent Special Education and Pupil Support Services
School District Administrator Phone No.: 914-376-8489
School District Administrator Email: smccaskill@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.**

No.

Performance Based Guidelines
Reviewed and approved by:

Stephanie McCaskill
(Signature of School District administrator/employee)

Dr. Stephanie McCaskill
Interim Assistant Superintendent
Special Education & Pupil Support Services
(Printed Name)

Dr Stephanie McCaskill
Interim Assistant Superintendent
Special Education & Pupil Support
Services