

An evaluation of partnerships throughout the District

Evaluator Name: Michael Hoffmann		Role: Manager			
	General	Information			
Grant Name	N/A	Contract Amount	\$447,826.72 (Amended Amour		
Partner/Partner	PowerSchool Group LLC	Date of Service(s)	07/01/2024 - 06/30/2025		
School Site(s)	YPS High Schools	•			
YES (if y	ee quotes for vendor services? es, please list vendors below) o, please explain)		*		
PowerSchool is the Distriguest goals concerning profess	pes this vendor/partnership align ict's Student Information System (SIS). Th sional development and data-driven instruc	is partnership aligns with the dist ction. The SIS has a dedicated F	rict's strategic plan in relation to the overScheduler application which is		
requests or required cour	cess of creating a master schedule for secon	ndary schools and assigning sched	lules to its students based on student		
To provi To provi To provi To help To conn To help	of the partnership.) de PD to a certain population of the programmatic support to the de tutoring or instructional support to assess current practices. The schools with other resour to develop curriculum and activition mental and emotional health	schools. ort. rces. ties for the district, schoo	l or classroom.		
YES	ied goal(s) and objectives reache	ed?			
Explain:					
YES	deliver on the expected agreement, please explain)	ent and outcomes?			

6. Did this partner supply appropriate materials and supplies ne	ecessary t	o accompii	sn goais a	na
outcomes?				
YES				
NO (if no, please explain)				
N/A				
Explain:			=	
7. Did this partner provide adequate feedback and support?				
YES				
NO (if no, please explain)				
N/A				
0.4,1				
Explain:	4			

8. Please complete the Vendor/Partner Assessment Criteria scale below and rank this partner on the following areas:

Vendor/Partner Assessment Criteria					
Criterion	(1) Ineffective	(2) Somewhat Ineffective	(3) Somewhat Effective	(4) Effective	(5) Highly Effective
Preparation: Provides high-quality services to meet goals				X	
Competency: Knowledge of craft		. /		X	,
Flexibility: Willingness to change or compromise				Х	
Consistency: Schedule & routine			*	X	
Organization: Structured, orderly, & efficient use of time management		,		X	
Professionalism: Interactions are cordial & respectful				X	
Overall Experience with partner				Х	

9. Please indicate specifically how the vendor/partner impacted student achievement, leadership development or district operations. *Note: Please provide documentation and evidence of impact of vendor/partner services.*

PowerSchool is the District's S					
the years of partnership with Y available with the SIS to facilite					
10. Use the space below	to provide any	y additional feed	back you think v	vould be helpfu	:
Signature of Evaluator Muc E Hello Date: 1/24/2025					
	Vend	or/Partner Peer	Review Criteria		
Criterion	(1) Ineffective	(2) Somewhat Ineffective	(3) Somewhat Effective	(4) Effective	(5) Highly Effective
Impact: Based on artifacts/evidence/ evaluation			, , , , , , , , , , , , , , , , , , ,		
Overall Experience with partner		·		/	
Peer Reviewer Pauling Zambarn Date: 01/24/2025 Signature of Peer Reviewer Fauling Zambarn Date: 01/24/2025					
Signature of Peer Review	ver <u>fauluin</u>	Zambarn		Date: 01124	12025