



YPS Vendor/Partner Evaluation Form

An evaluation of partnerships throughout the District

Evaluator Name: Rosa Cintron

Role: Program Specialist

General Information			
Grant Name	Title I - N&D Reserves	Contract Amount	\$33,061.64
Partner/Partner	Wilson Language Training Corporation	Date of Service(s)	May 2025 - August 202
School Site(s)	Julia Dyckman's Andrus Memorial's The Orchard School		

1. Were there three quotes for vendor services?

- ☐ YES (if yes, please list vendors below)
- ☒ NO (if no, please explain)
- ☐ N/A

Explain: The Julia Dyckman school received specific allocations from the Title I grant and determined that partnering with Wilson Language Training Corporation best aligned with their educational goals.

2. In what ways does this vendor/partnership align to our Districts mission/vision/strategic plan?

Wilson Language Training Corporation contributes to our district's mission by ensuring all learners are equitably prepared by focusing on strengthening foundational literacy skills through their professional development in remedial reading.
Wilson will develop teacher content and pedagogy specifically designed to improve reading outcomes.

3. What was the primary goal of the partnership? (Fill the option(s) that most closely relates to the main objective of the partnership.)

- ☒ To provide PD to a certain population of the schools.
- ☐ To provide programmatic support to the schools.
- ☐ To provide tutoring or instructional support.
- ☐ To help to assess current practices.
- ☐ To connect the schools with other resources.
- ☐ To help to develop curriculum and activities for the district, school or classroom.
- ☐ To support mental and emotional health
- ☐ Other: _____

4. Were the specified goal(s) and objectives reached?

- ☐ YES
- ☐ NO (if no, please explain)
- ☒ N/A

Explain: New partnership with Julia Dyckman will evaluate at the end of the contract terms

5. Did this partner deliver on the expected agreement and outcomes?

- ☐ YES
- ☒ NO (if no, please explain)

Explain: New partnership with Julia Dyckman will evaluate at the end of the contract terms

6. Did this partner supply appropriate materials and supplies necessary to accomplish goals and outcomes?

- ☐ YES
- ☐ NO (if no, please explain)
- ☒ N/A

Explain: New partnership with Julia Dyckman will evaluate at the end of the contract terms

7. Did this partner provide adequate feedback and support?

- ☐ YES
- ☐ NO (if no, please explain)
- ☒ N/A

Explain: New partnership with Julia Dyckman will evaluate at the end of the contract terms

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: <i>Provides high-quality services to meet goals</i>					
Competency: <i>Knowledge of craft</i>					
Flexibility: <i>Willingness to change or compromise</i>					
Consistency: <i>Schedule & routine</i>					
Organization: <i>Structured, orderly, & efficient use of time management</i>					
Professionalism: <i>Interactions are cordial & respectful</i>					
Overall Experience with partner					

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.**

New partnership with Julia Dyckman will evaluate at the end of the contract terms

10. Use the space below to provide any additional feedback you think would be helpful:
We will conduct a comprehensive evaluation fo this vendor at the conclusion of the contract terms

Signature of Evaluator Rosa Cintron

Date: 05/07/2025

***** FOR PEER REVIEW ONLY *****

Vendor/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 _____

Date: _____

Signature of Peer Reviewer _____

Date: _____