

PERFORMANCE BASED CONTRACT GUIDELINES

Dr. Shadi H. Sayegh
334 Park Avenue
Yonkers, New York 10703
914-227-1189
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Ssayegh88@gmail.com

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

Dr. Shadi H. Sayegh will provide medical services which will include assisting with the review of student IEP's and student charts to assess programs and services for the 2022-2023 school year. This initial engagement is for twelve weeks, to be reassessed thereafter, based on District needs.

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")

\$31,500 (15 hrs./wk. @ \$175/hr.) for 12 weeks.

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Special Education students in the District

4. WHO WILL PROVIDE SERVICES?

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

Dr. Shadi Sayegh

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 initiation or the continuation of services for students such as Physical Therapy, Occupational Therapy, and Speech.

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 District will ensure the requisite IEP and chart reviews are conducted and that the resultant prescriptions meet applicable Medicaid regulations

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Dr. Shadi H. Sayegh

Vendor Address: 334 Park Avenue
Yonkers, New 10703

Vendor Phone No.: 914-227-1189

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

Vendor Contact Name: Dr. Shadi Sayegh

Vendor Contact Email: ssayegh88@gmail.com

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.**

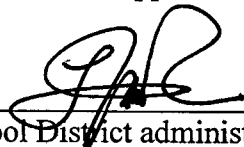
Yes

Student's IEP's

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.**

Student's IEP's and charts will be reviewed to access programs and services such as physical, occupational therapy and speech.

Performance Based Guidelines
Reviewed and approved by:



(Signature of School District administrator/employee)

Dr. Luis Rodriguez

Assistant Superintendent
Special Education and
Pupil Support Services

Dr. Luis Rodriguez
President & CEO
Department of Education
Piquette & Spring Services