

## PERFORMANCE BASED CONTRACT GUIDELINES

1. WHAT IS THE PURPOSE AND SCOPE OF THE SERVICE? (Describe in detail any services to be provided or materials to be purchased) To hand score open ended test items for the state mandated Grades 3-8 English Language Arts (ELA), Mathematics, and Science exams.

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") \$163,093.50 for term dates 04/2024-06/2024

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

(Describe whether services are to be provided directly to students, to staff, etc.)  
Students, District Staff, Administrators, and Teachers Questionnaire

4. WHO WILL PROVIDE SERVICES?

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

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.** N/A

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?) District Personnel will be communicated with updates and reports on completion status of scoring as well as open-ended items such as scaling, and equating.

6. HOW WILL THE SCHOOL DISTRICT JUDGE THE QUALITY OF SERVICES? (Set forth the method which will be used to evaluate contractor's performance) YPS will audit the vendors' scoring which will provide a reliability check on the scoring process.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: NWEA

Vendor Address: 121 NW Everett St.

Vendor Phone No.: 1 (866).654.3246

Vendor Business Status: not-for-profit Organization

Vendor Contact Name: Erika Watson

Vendor Contact Email: erika.watson@nwea.org>

Tax ID No.: 93-0686108

School District Administrator Name: Siju Samuel

School District Administrator Title: Director of Research, Evaluation, & Reporting

School District Administrator Phone No.: (914) 376-8234

School District Administrator Email: ssamuel@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. Student test answers and ID's are submitted to NYSED for Computer Based testing. No additional information is required once test administration is complete.

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. N/A

Performance Based Guidelines  
Reviewed and approved by:



\_\_\_\_\_  
(Signature of School District administrator/employee)



\_\_\_\_\_  
(Printed Name)