

PERFORMANCE BASED CONTRACT GUIDELINES

**Brittany Beaver
14 Stephenson Blvd
New Rochelle, New York 10801
914-261-2919
Brittany.Beavers@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)

These services shall be provided to assist the District in meeting the needs of its special education students. On an as needed basis and as requested by the District, Brittany Beaver will provide Applied Behavior Analysis (ABA) support Services including Feeding Therapy.

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")

Services shall be provided on an as needed basis to be determined by the District, based upon student needs. The District may accept or reject the services provided by Brittany Beaver. Services shall be provided to individual students as assigned by the District.

The total cost of the services shall not exceed \$44,000.00

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Services will be provided to students and families within the District.

4. WHO WILL PROVIDE SERVICES?

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

Services shall be provided by Brittany Beaver. All service providers under this agreement shall have appropriate fingerprinting clearance as required by law, as well as any professional or other license or credentials necessary to perform the specific 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?)

The District will maintain formal and informal communication regarding the services including, but not limited to results and progress towards attainment of IEP goals. Informal communications include, letters, emails, consultations, and conversation and will be ongoing among District staff, the provider, and the parent of the student being served. Formal communication shall include, but not be limited to, end of year summaries, progress notes and CSE meeting minutes.

6. HOW WILL THE SCHOOL DISTRICT JUDGE THE QUALITY OF SERVICES? (Set forth the method which will be used to evaluate contractor's performance)

Quality will be monitored through students' progress reports, and feedback among District staff, provider, and/or parents of the students served, formal communication from the provider, and student achievement of IEP goals.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Brittany Beaver

Vendor Address: 14 Stephenson Blvd
New Rochelle, New York 10801

Vendor Phone No.: 914-261-2919

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

Vendor Contact Name: Brittany Beaver

Vendor Contact Email: Brittany.Beaver@gmail.com

Tax ID No.:XXX-XX-6423

School District Administrator Name: Dr. Luis Rodriguez

School District Administrator Title: Assistant Superintendent Special Education/Pupil Support Services

School District Administrator Phone No.:914-376-8489

School District Administrator Email: lrodriguez2@yonkerspublicschool.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

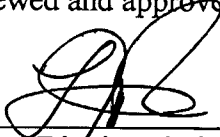
9. WILL THE CONTRACTOR BE RECEIVING ANY STUDENT DATA OR OTHER DATA FROM YONKERS PUBLIC SCHOOLS? **IF YES, PLEASE DESCRIBE. IF STUDENT DATA IS BEING SHARED, PLEASE PROCEED TO QUESTION 10 BELOW.**

Yes, the providers will have access to assigned students' IEP's if any.

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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.

<p>Performance Based Guidelines Reviewed and approved by:</p>  <p>_____ (Signature of School District administrator/employee)</p> <p>Dr. Luis Rodriguez Assistant Superintendent Special Education (Print Name) Pupil Support Services</p>
