

PERFORMANCE BASED CONTRACT GUIDELINES

**Dr. Michael Behar
22 Lockwood Dr.
Larchmont, New York 10538
914-834-4057**

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

To provide the District with a Part-Time Counseling Child Psychiatrist:
Services are directed toward assessment of behavioral and academic dysfunction, evaluation of diagnostic entities and appropriate referrals for program placement.

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")

\$267,600.00

Independent Physician will work part-time, 20-24 hours per week.

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

General Education and 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. Michael Behar

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)

District will be provided with the results of all evaluations/reports completed by the Psychiatrist.

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

Evidence of timely completion of required evaluations and associated reports.
Positive/negative feedback received from students and families.
Direct observation.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Dr. Michael Behar
Vendor Address: 22 Lockwood Drive
Larchmont, New York 10538
Vendor Phone No.: 914-834-4057
Vendor Business Status: (corporation, non-profit individual, unincorporated)
Vendor Contact Name: Dr. Michael Behar
Vendor Contact Email:
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, Dr. Behar will have access to student's IEP and records.

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.**

Evaluations will determine appropriate referrals to program placement for the 2023 -2024 school year.

Performance Based Guidelines
Reviewed and approved by:



(Signature of School District administrator/employee)

Dr. Luis Rodriguez
Assistant Superintendent
Special Education and
Pupil Support Services