



# YPS Vendor/Partner Evaluation Form

An evaluation of partnerships throughout the District

Evaluator Name: Hazelyn Guzman

Role: Executive Director

General Information			
Grant Name	<u>General Funds</u>	Contract Amount	<u>15,000</u>
Partner/Partner	<u>Oniella McKinnon-Medina</u>	Date of Service(s)	<u>June 2024</u>
School Site(s)	<u>Districtwide</u>		

1. Were there three quotes for vendor services?

- ☐ YES (if yes, please list vendors below)
- ☐ NO (if no, please explain)

☒ N/A

Explain: only vendor

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

Provides innovative leadership programs and services in response to the emerging educational needs of our K-12's.

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: checkpoint A/B WL exams

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

☒ YES

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

Explain: \_\_\_\_\_

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

☒ YES

- ☐ NO (if no, please explain)

Explain: \_\_\_\_\_

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

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

Explain: \_\_\_\_\_

7. Did this partner provide adequate feedback and support?

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

Explain: \_\_\_\_\_

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

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.**

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over 1,300 students across our district were administered checkpoint A/B exams

10. Use the space below to provide any additional feedback you think would be helpful:

Signature of Evaluator Henderson

Date: 5/6/25

\*\*\*\*\* 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: \_\_\_\_\_