

PERFORMANCE BASED CONTRACT GUIDELINES

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

The purpose and scope of the service is to provide a highly qualified and experienced provider of Applied Behavior Analysis (ABA) therapy to YPS students diagnosed with ASD. Ascend Autism Behavioral Services, PLLC on an as needed basis and as requested by the District will provide therapy and /or educational services to special education students and families within the school District. Services may include, but are not limited to Applied Behavior Analysis therapy that follows the evidence-based and medically accepted, two-tiered service delivery model utilizing both Board Certified Behavior Analyst (BCBA) and a Behavior Therapist.

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")

Upon the District's referral of a student to Ascend Autism Behavioral Services, PLLC the following terms apply.

- All services billed in 15-minute increments.
- BCBA charges= \$ 150/hour
- Behavior Therapist charges \$ 75/hour
- Initial assessment completed by an Ascend Autism Behavioral Services, PLLC, BCBA to confirm Ascend Autism Behavioral Services, PLLC services will align with the student's need- scheduled within 2 weeks of acceptance of Ascend Autism Behavioral Services, PLLC services proposal.
- Treatment plan developed, based on the assessment.
- BCBA can begin weekly visits within 2 weeks of the assessment
- Behavior Therapist to begin 15 hours of direct therapy within 4-6 weeks of agreement with Ascend Autism Behavioral Services, PLLC service proposal.

Total \$22,125.00

Pricing will be prorated, as appropriate.

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

YPS students classified with Autism and their families.

4. WHO WILL PROVIDE SERVICES?

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

Ascend Autism Behavioral Services, PLLC a highly qualified, experienced and finger printed provider of ABA therapy. BCBA and Behaviorist with appropriate licensure and 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.

The contractor will not utilize any subcontractor or volunteers in furtherance of the agreement.

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 communication include, letters, emails, consultations, and conversation is ongoing between District staff, the provider, and the parent served. Formal communication shall include, but not limited to ABA Binder (Daily Trials with graphs and analysis of mastery/generalization, 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 of service monitored through student's progress reports, and feedback between District staff, providers, and/ or parents of the student, formal communication from the provider, and the student achievement of IEP goals.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Ascend Autism Behavioral Services, PLLC

Vendor Address: 22 Saw Mill River Rd. Suite 101 Hawthorne, NY 10532

Vendor Phone No.: (877) 323-8668

Vendor Business Status: corporation

Vendor Contact Name: Nathan Kronforst

Vendor Contact Email: nathan@ascendautism.com

Tax ID No. 84-3164784

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?

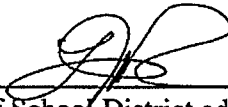
They will not be providing services pursuant to a grant agreement.

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 vendor will receive a copy of the student's IEP.

10. WILL THE STUDENT DATA USED FOR THE PURPOSE OF DEVELOPING, VALIDATING, ADMINISTERING STUDENT AID PROGRAMS, OR IMPROVING INSTRUCTION? **IF YES, PLEASE SPECIFICALLY DESCRIBE.**

The student data will not serve the purpose of developing, administering student aid programs or improving instruction.

<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 and Pupil Support Services</p>
