

**PERFORMANCE BASED CONTRACT GUIDELINES**

**J Scott Yaruss, PhD, CCC-SLP, BCS-SCF, F-ASHA  
5542 Star Flower Drive  
Haslett, MI 48840  
517-256-5980**

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

Provide continuing education / professional development workshop about stuttering for speech-language pathologies.

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")

\$4500 for full-day workshop

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Speech-Language Pathologists

4. WHO WILL PROVIDE SERVICES?

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

J. Scott Yaruss, PhD, CDCC-SLP, BCS-SCF-F-ASHA, speech-language pathologist and professor at Michigan State University, consultant and specialist in the evaluation and treatment of stuttering.

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?)

Full-day interactive workshop/lecture about speech-language pathology services for children who stutter

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

The quality of services will be monitored through student progress as reported by ongoing communication with staff.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: J Scott Yaruss, PhD, CCC-SLP, BCS-SCF, F-ASHA

Vendor Address: 5542 Star Flower Drive, Haslett, MI 48840

Vendor Phone No.: 517-256-5980

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

Vendor Contact Name: J. Scott Yaruss

Vendor Contact Email: speech@yaruss.com

Tax ID No.: 558-73-2483

School District Administrator Name: Dr. Stephanie McCaskill

School District Administrator Title: Associate Superintendent Office of Student Support Services

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

School District Administrator Email: smccaskill@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?

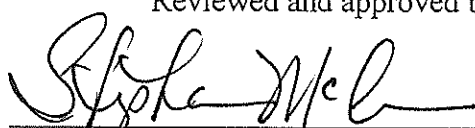
No

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.

No

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><b>Dr. Stephanie McCaskill</b> Interim Assistant Superintendent Special Education &amp; Pupil Support (Printed Name)</p>
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