**PERFORMANCE BASED CONTRACT GUIDELINES**

**Isa Marrs Speech Language Pathology, LLC**

**127 Woodside Avenue, #201**

**Briarcliff Manor, New York 10510**

**914-282-2799**

**1.**     **WHAT IS THE PURPOSE AND SCOPE OF THE SERVICE?**

To provide Feeding Therapy, Occupational, Physical, and Speech Services and Evaluations and Assistive Technology Services and Evaluations to District students on an as needed basis as requested by the District.

**2.**     **AMOUNT OF SERVICE**

 Please refer to quote. Amount of times will be based on requests sent

**3.**     **WHO IS SERVED?**

Service is to be provided to students

**4.**     **WHO WILL PROVIDE SERVICES?**

 Isa Marrs Speech Language Pathology, LLC

**4a. WILL THE CONTRACTOR BE UTILIZING ANY VOLUNTEERS, OR BE HIRING/UTILIZING ANY SUBCONTRACTORS IN FURTHERANCE OF THIS AGREEMENT? IF SO, 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?**

ISA Marrs Speech Language Pathology, P.C. will communicate the services being provided to the District

**6.**     **HOW WILL THE QUALITY BE JUDGED?**

The quality of services will be judged through communication with ISA Marrs Speech Language Pathology, P.C. and the District.

**7.**     **PERSONS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.**

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

**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.**