

PERFORMANCE BASED CONTRACT GUIDELINES

Epikidz

11 Weiss Terrace

Spring Valley, New York 10977

Faigy Szanzer, Director

646-541-5262

fszanzer@epikidz.com

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

Epikidz will provide Speech Therapy, Occupational Therapy and Physical Therapy to Yonkers Public Schools students as recommended by the Committee on Special Education.

b. **Identify entrance and exit criteria. (How students are selected to receive a service and how the decision is made to exit a student from that service.)**

Services and termination of these services are determined as a result of CSE and Annual Review recommendations

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")

\$12,000.00

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Students who are currently placed by the Yonkers Public Schools' in a program required to meet their needs. In order to maintain compliance with the students' IEP, we are obligated to provide these services

4. WHO WILL PROVIDE SERVICES?

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

Epikidz

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) about their progress towards achieving the goals of the contract?)

Communication is done formally and informally. Informal communication is ongoing between parents, provider and other school personnel. This communication is in the form of written letters and consults with teachers. Formal communication is via end-of-the-year summaries, monthly progress and statistical reports, and CSE meetings as well as Annual Reviews.

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 and reports submitted by the provider, and achieved goals on the IEP.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Epikidz

Vendor Address: 11 Weiss Terrace
Spring Valley, New York 10977

Vendor Phone No.: 646-541-5262

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

Vendor Contact Name: Faigy Szanzer

Vendor Contact Email: fszanzer@epikidz.com

Tax ID No.: 83-2972858

School District Administrator Name: Dr. Stephanie McCaskill

School District Administrator Title: Interim Assistant Superintendent Special Education and Pupil 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

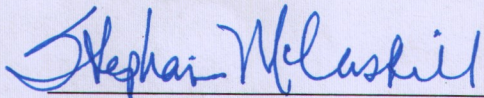
9. WILL THE CONTRACTOR BE RECEIVING ANY STUDENT DATA OR OTHER DATA FROM YONKERS PUBLIC SCHOOLS? IF YES, PLEASE DESCRIBE. IF STUDENT DATA IS BEING SHARED, PLEASE PROCEED TO QUESTION 10 BELOW.

Yes, the provider will have access to assigned students' IEP's.

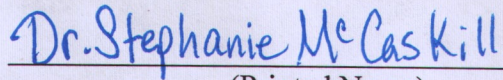
10. WILL THE STUDENT DATA BE USED FOR THE PURPOSE OF DEVELOPING, VALIDATING, ADMINISTERING STUDENT AID PROGRAMS, OR IMPROVING INSTRUCTION? **IF YES, PLEASE SPECIFICALLY DESCRIBE.**

No

Performance Based Guidelines
Reviewed and approved by:



(Signature of School District administrator/employee)



(Printed Name)