



YPS Vendor/Partner Evaluation Form

An evaluation of partnerships throughout the District

Evaluator Name: Roseann Judon Role: Associate Superintendent

General Information			
Grant Name	<u>Title IV</u>	Contract Amount	<u>\$33,280</u>
Partner/Partner	<u>914 United Inc</u>	Date of Service(s)	<u>March 2014 - August 2014</u>
School Site(s)			

1. Were there three quotes for vendor services?

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

Explain: _____

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

914 United has supported the YPS MBK Program with Milestone 3 and 6. Milestone 3: graduating from High School & Milestone 6: All youth remain safe from violent crime.

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: MBK

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

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

Explain: MBK Alliance & Obama Foundation awarded City of Yonkers & YPS a Model Community.

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

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

Explain: Partner visited HS Chapters and worked with specific

Students who were having issues related to Milestone 6.

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

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

Explain: SEL & Conflict resolution were provided.

7. Did this partner provide adequate feedback and support?

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

Explain: Partner met with former Superintendent Dr. Quezada and E.D. Elaine Shaw.

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

Partner impacted students who were repeatedly suspended or at our PEACE Program (Program for External Academics and Civic Engagement) Students were reintegrated into their assigned high school, attended Summer School and accumulated credits toward graduation.

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

Many members of GYM United are VPS graduates & welcome the opportunity to support our MBK Chapters, Milestones 3 and 6.

Signature of Evaluator

RoseAnne Carnina-John
Associate Superintendent

Date:

4/2/25

***** 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: _____