

PERFORMANCE BASED CONTRACT GUIDELINES

Monsey Licensed Behavior Analyst Services

978 Route 454, Suite 106

Pomona, New York 10970

845-327-7111, Ext 205

Clara Horovitz

chorovitz@yellowbusaba.com

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

The provider shall provide Applied Behavior Analysis (ABA) services to identified District students. This will include intensive teaching, reinforcer assessments, and specialized discrete trial and natural environment techniques.

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")

\$30,200.00

Services will be provided on an as needed basis.

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Services will be provided to a District Student.

4. WHO WILL PROVIDE SERVICES?

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

Money Licensed Behavior Analyst 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.**

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?)

Monsey Licensed Behavior Analyst Services will communicate the services being provided to the student.

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 the services will be monitored through students progress as reported by the provider.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Money Licensed Behavior Analyst Services

Vendor Address: 978 Route 45, Suite 106
Pomona, New York 10970

Vendor Phone No.: 845-327-7111, Ext. 205

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

Vendor Contact Name: Clara Horovitz

Vendor Contact Email: chorovitz @yellowbusaba.com

Tax ID No.:473-909-770

School District Administrator Name: Dr. Stephanie McCaskill

School District Administrator Title: Interim Assistant Superintendent Special Education Pupil Support Service

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?

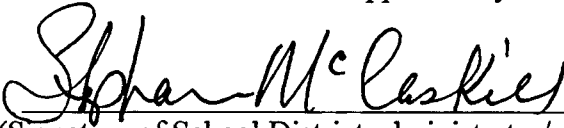
No.

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