



YPS Vendor/Partner Evaluation Form

An evaluation of partnerships throughout the District

Evaluator Name: Roselyn Kendrick-Jones
Manager

Role: Director of Student Support Services, Grant

General Information			
Grant Name	RECOVS: Mental Health	Contract Amount	\$34,960.00
Partner/Partner	Student Assistance Services Corporation (SAS)	Date of Service(s)	7/1/24-10/31/24
School Site(s)	Enrico Fermi, School 5, Casimir Pulaski, and Cesar Chavez		

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 Districts mission/vision/strategic plan?

Student Assistance Services Corporation (SAS) supports the goals of the RECOVS: Recover from COVID Mental Health Grant by providing training, support, and consultation for staff, students and their parents/guardians on bullying prevention and intervention, and mental health.

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: _____

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

- YES

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

Explain: _____

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

- YES
- NO (if no, please explain)

Explain: _____

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

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

Explain: _____

7. Did this partner provide adequate feedback and support?

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

Explain: _____

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

******* FOR PEER REVIEW ONLY *******

Vendor/Partner Peer Review Criteria					
Criterion	(1) Ineffective	(2) Somewhat Ineffective	(3) Somewhat Effective	(4) Effective	(5) Highly Effective
Impact: <i>Based on artifacts/evidence/ evaluation</i>					
Overall Experience with partner					

Peer Reviewer _____

Date: _____

Signature of Peer Reviewer _____

Date: _____

Consistency: Schedule & routine					X
Organization: Structured, orderly, & efficient use of time management					X
Professionalism: Interactions are cordial & respectful					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.**

SAS provides training for staff, school administrators, teachers, bus monitors, school aides, teacher assistants, and students regarding trauma and bullying. They have provided data for the annual report for NYSED regarding the RECOVS Mental Health Program.

10. Use the space below to provide any additional feedback you think would be helpful:
SAS continues to have a partnership with Yonkers Public Schools to service our students and families.

Signature of Evaluator Bereley Kendrick-Jones

Date: 12/26/24