

## **PERFORMANCE BASED CONTRACT GUIDELINES**

**Manhattan Psychology Group**

**107 East 82<sup>nd</sup> Street**

**New York, NY 10024**

**646-450-6210**

**Ariel Kornblum, PsyD, BCBA, LBA**

**Clinical Director of Behavioral & Educational Services**

**Francye Zelster, PsyD**

**Clinical Director of Psychological & Testing Services**

**info@manhattanpsychologygroup.com**

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

To provide behavior-based Feeding Therapy to identified District student(s) with specialized needs.

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")

\$7,500.00

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.)

Service is to 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)

Manhattan Psychology, PC

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?)

Manhattan Psychology, PC 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 services will be monitored through the students progress as reported by the provider.



7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Manhattan Psychology Group

Vendor Address: 107 East 82<sup>nd</sup> Street  
New York, NY 10024

Vendor Phone No.: 646-450-6210

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

Vendor Contact Name: Ariel Kornblum, PsyD, BCBA, LBA  
Clinical Director of Behavioral & Educational Services  
Francye Zelster, PsyD  
Clinical Director of Psychological & Testing Services

Vendor Contact Email: info@manhattanpsychologygroup.com

Tax ID No.: 452492120

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.**

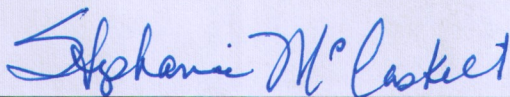
No

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.**

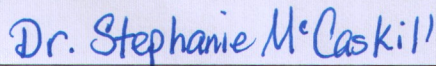
No

Performance Based Guidelines

Reviewed and approved by:



(Signature of School District administrator/employee)



(Printed Name)