

YPS Vendor/Partner Evaluation Form

An evaluation of partnerships throughout the District

Evaluator Name: Cherise Tafe

Role: Director of Food Services

General Information			
Grant Name		Contract Amount	\$18,310.00
Partner/Partner	Westchester County Department of Health	Date of Service(s)	5/1/2025-4/30/2026
School Site(s)	All YPS Kitchens		

1. Were there three quotes for vendor services?

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

Explain: Department of Health permits to operate and maintain compliance with the governing agency of the Westchester Department of Health for School Year 2025-2026

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

Westchester Department of Health permits are required for all school kitchen operations

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: Permits to operate Kitchens

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	
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					
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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.**

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

Signature of Evaluator



Date:

2/25/25

***** 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				X	
Overall Experience with partner				X	

Peer Reviewer

Date:

Signature of Peer Reviewer

Date: