



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	\$21,995.00
Partner/Partner	Heartland School Solutions	Date of Service(s)	8/2024 - 7/2025
School Site(s)	All school serving lines		

1. Were there three quotes for vendor services?

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

Explain:

Sole source provider.

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

Heartland is an approved NYSED program for the management of inventore, nutrient anaylsis, eligibility and Point of Sales.

Heartland will license and maintain the inventory control program, nutrition analysis program and student meal eligibiilty for all students and schools in the district.

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: To provide student elegibility to NYSED

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: _____

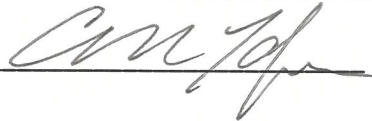
8. Please complete the Vendor/Partner Assessment Criteria scale below and rank this partner on the following areas:

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: 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.**

Vendor made submitting documents to NYSED easy and effective.

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

Signature of Evaluator 

Date: 9/30/24

***** 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>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Experience with partner					

Peer Reviewer _____

Date: _____

Signature of Peer Reviewer _____

Date: _____