



NEW HAVEN PUBLIC SCHOOLS  
**AGREEMENT COVER SHEET**

**Please Type**

Contractor full name: NCS Pearson Inc.,

Doing Business As, if applicable:

Business Address: NCS Pearson Inc., P. O. Box 599700 San Antonio, TX 78259

Business Phone: 1-800-627-7271, Fax # 1-201-256-0014

Business email: [Michael.Grau@Pearson.com](mailto:Michael.Grau@Pearson.com)

Tax ID #: 41-0850527

Funding Source & Acct # including location code: IDEA Special Funds  
Handicapped Account, account #2504-5034-56903, (*pending receipt of funds*)  
Location Code: 0000

Principal or Supervisor: Typhanie Jackson, Director of Special Education/Student Services

Agreement Effective Dates: From 08/30/2021. To 06/30/2022.

Hourly rate or per session rate or per day rate.

Total amount: \$57,701.25

Description of Service: NCS Pearson Inc., to provide licenses to School Social Workers, School Psychologists and Speech and Language Pathologists to conduct and score evaluations for students.

Submitted by: Typhanie Jackson, Director Phone: 475-220-1768



NEW HAVEN PUBLIC SCHOOLS

## Memorandum

**To:** New Haven Board of Education Finance and Operations Committee  
**From:** Typhanie Jackson, Director of Special Education/Student Services  
**Date:** July 20, 2021  
**Re:** NCS Pearson, Inc., (Renewal License)

---

Please ***answer all questions and attach any required documentation as indicated below.*** Please have someone **ready to discuss** the details of each question during the Finance & Operations meeting or this proposal might not be advanced for consideration by the full Board of Education.

1. **Contractor Name:** NCS Pearson, Inc.
2. **Description of Service:** license renewal for related service staff members to score and evaluation NHPS students.
3. **Amount** of Agreement and hourly or session cost: \$57,701.25
4. **Funding Source** and account number: IDEA Handicapped Special Funds Account, account # 2504-5034-56903, (pending receipt of funds) Location Code: 0000
5. **Continuation/renewal or new Agreement?**  
**Answer all questions:**
  - a. If continuation/renewal, has the cost increased? If yes, by how much?  
Renewal/Increase \$6,701
  - b. What would an alternative contractor cost: comparable cost
  - c. If this is a continuation, when was the last time alternative quotes were requested?  
Annually
  - d. For new or continuation: is this a service existing staff could provide. If no, why not?.
6. **Type of Service:**  
**Answer all questions:**
  - a. Professional Development? no
    - i. If this is a professional development program, can the service be provided by existing staff? If no, why not? no
  - b. After School or Extended Hours Program? no
  - c. School Readiness or Head Start Programs? No
  - d. Other: (Please describe)

**7. Contractor Classification:**

**Answer all questions:**

- a. Is the Contractor a Minority or Women Owned Business? no
- b. Is the Contractor Local? no
- c. Is the Contractor a Not-for-Profit Organization? If yes, is it local or national? no
- d. Is the Contractor a public corporation? no
- e. Is this a renewal/continuation Agreement or a new service? no
- f. If it is a renewal/continuation has cost increased? If yes, by how much? no
- g. Will the output of this Agreement contribute to building internal capabilities? If yes, please explain:

**8. Contractor Selection:**

**Answer all questions**

- a. What specific skill set does this contractor bring to the project? If a new contractor, please attach a copy of the contractor's resume. To provide licenses to support all related staff members to score and evaluate students within NHPS.
- b. How was the Contractor selected? Quotes, RFP/RFQ, Sealed Bid or Sole Source? Sole source
- c. Please describe the selection process including other sources considered and the rationale for selecting this Contractor: by feedback and reporting from district staff

**9. Evidence of Effectiveness & Evaluation**

**Answer all questions**

- a. What specific need will this contractor address and how will the contractor's performance be measured and monitored to ensure that the need is met? To provide licenses to support all related staff members to score and evaluate students.
- b. If this is a renewal/continuation services attach a copy of the evaluation or archival data that demonstrates effectiveness. Feedback and reporting from staff members.
- c. How is this service aligned to the District Continuous Improvement Plan? This district continuous improvement plan is to provide licenses to school social worker, school psychologists and speech and language pathologists by NCS Pearson, Inc.

10. Why do you believe this Agreement is fiscally sound? This agreement is fiscally sound as it provides fundamental licenses to score and evaluate students in our school district.

11. What are the implications of not approving this Agreement? The implication of not approving this agreement is that we may not meet the legal requirements to provide evaluations and scoring to our students by related staff members.

**For: Office Use Only**

Vendor No.	Date Entered
------------	--------------

Mail
  Fax
  Email

Vendor:

NCS Pearson, Inc.  
 PO Box 599700  
 San Antonio, TX 78259

Deliver To:

Milvia Concas/Typhanie Jackson  
 54 Meadow Street, 3rd floor  
 New Haven, CT 06519

**CITY OF NEW HAVEN**  
 Department of Education  
 54 Meadow St., New Haven, CT 06519  
**VENDOR PURCHASE ORDER**

**SPECIAL FUNDS**

Fiscal Year: **2021-2022**

P.O.
▲ This number must appear on all invoices and package of shipment

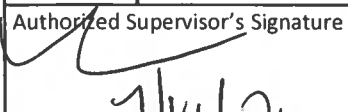
**PURCHASE ORDERS NOT  
 COMPLETED AND DELIVERED  
 WITHIN 60 DAYS ARE  
 AUTOMATICALLY CANCELLED**

Date Prepared	Fund	Agency	Program	Object	Project Code
07/14/2021	2504	900	5034	56903	0000

Quantity	Description	Unit Cost	Total Cost
3345	DALSCOMPLETE RENEWAL (DIGITAL) Item # A103000244405	15.00	50,175.00
3345	Digital Assessment Library for Schools Plus Item # A103000157866  Digital Assessment Library for Schools for 3345 IEP's  Pearson Quote/Proforma # 124776 Tax ID #: 41-0852527	2.25	7,526.25

**PLEASE NOTIFY BUSINESS OFFICE IF YOUR TOTAL COST EXCEEDS OUR TOTAL AMOUNT BEFORE SHIPPING**

Name: Derricka Suggs    Email: derricka.suggs@new-haven.k12.ct.us    Phone: 1-475-220-1383

Authorized Supervisor's Signature 	Business Office Approval	Principal's Signature	<b>TOTAL AMOUNT</b>	<b>\$57,701.25</b>
Date: 7/14/21	Date:	Date:	<b>SUBMIT PURCHASE ORDERS TO:</b> SpecialfundsPO@new-haven.k12.ct.us	

**FOR PAYMENT:** Send Your Invoice Electronically or By Mail:  
 Email: [NHinvoice@newhavenct.gov](mailto:NHinvoice@newhavenct.gov)  
 Mail: New Haven Public Schools, Attn: Dept. of Special Funds  
 54 Meadow Street, New Haven, CT 06519  
 Fax: 1-203-946-5740