



NEW HAVEN PUBLIC SCHOOLS
AGREEMENT COVER SHEET

Cover Sheet is an Internal Document for Business Office Use

Please Type

Contractor full name: Dr. Ellen Preen, Psy. D.

Doing Business As, if applicable: Farmington Valley Neuropsychology Associates

Business Address: 40 Dale Road, Suite 204, Avon, CT 06001

Business Phone: 860-324-7043

Business email: drpreen@fvna.net

Funding Source & Acct # including location code: General Funds Account, account # 190-490-00-56694, Location Code: 0000

Principal or Supervisor: Typhanie Jackson, Executive Director of SPED

Agreement Effective Dates: From 02/16/2021. To 06/30/2022.

Hourly rate or per session rate or per day rate.

Total amount: \$4,000

Description of Service: Please provide a one or two sentence description of the service. *Please do not write "see attached."*

Dr. Ellen Preen, Psy. D. will be conducting independent psychological evaluation/s on a student attending a New Haven Public School. Dr. Preen will be required to maintain pertinent education records, on completion of consultation/s the records must be returned to the New Haven Public School district.

Submitted by: Typhanie Jackson Phone: 475-220-1760



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: February 15, 2022
Re: Dr. Ellen Preen, Psy. D.

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:** Dr. Ellen Preen, Psy. D.
2. **Description of Service:** Services to be conducted by Dr. Ellen Preen, Psy. D Psycho-educational evaluation/s.
3. **Amount of Agreement and hourly or session cost:** \$4,000
4. **Funding Source and account number:** General Funds Account, account # 190-490-00-56694, 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? \$0
 - b. What would an alternative contractor cost: Alternative contractor would be between \$1,500 - \$2,000 per evaluation
 - c. If this is a continuation, when was the last time alternative quotes were requested?
New service
 - d. For new or continuation: is this a service existing staff could provide. If no, why not?
No, outside evaluation was requested by parent.
6. **Type of Service:**
Answer all questions:
 - a. Professional Development?
 - 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: Contractor will be conducting psychological evaluations for students with special needs.

7. Contractor Classification:

Answer all questions:

- a. Is the Contractor a Minority or Women Owned Business? No
- b. Is the Contractor Local? Yes
- 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? N/A
- g. Will the output of this Agreement contribute to building internal capabilities? If yes, please explain: No

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. The contractor will be conducting psychological evaluations to meet state compliance.
- b. How was the Contractor selected? Quotes, RFP/RFQ, Sealed Bid or Sole Source? Contractor was selected through research with other agencies to provide the same service to conduct psycho-educational evaluations.
- c. Please describe the selection process including other sources considered and the rationale for selecting this Contractor: Contractor was requested by parent.

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? The specific need of this contractor will be conducting evaluations; the contractor will be in contact with the executive director and charter non-public school coordinator on a regular basis.
- b. If this is a renewal/continuation service attach a copy of the evaluation or archival data that demonstrates effectiveness. N/A
- c. How is this service aligned to the District Continuous Improvement Plan? The services address the needs of special education students with special needs.

10. Why do you believe this Agreement is fiscally sound? This agreement is fiscally sound as it provides psychological evaluations to be conducted for students with special needs.

11. What are the implications of not approving this Agreement? By not approving this agreement we will be non-compliant with the state department of education.



NEW HAVEN PUBLIC SCHOOLS

AGREEMENT

By And Between
The New Haven Board of Education
AND

Dr. Ellen Preen, Psy.D.

FOR DEPARTMENT/PROGRAM:

Student Services/Special Education Department

This Agreement entered into on the 5th day of January, 2022 effective (*no sooner than the day after Board of Education Approval*), the 16th day of February, 2022 by and between the New Haven Board of Education (herein referred to as the "Board") and Dr. Ellen Preen, Psy.D., located at, 40 Dale Road, Avon, CT 06001 (herein referred to as the "Contractor").

Compensation: The Board shall pay the contractor for satisfactory performance of services required the amount of \$4,000 (flat rate) per day, hour or session, for a total of _____ days, hours or sessions.

The maximum amount the contractor shall be paid under this agreement: Four Thousand Dollars (\$4,000). Compensation will be made upon submission of an itemized invoice which includes a detailed description of work performed and date of service.

Fiscal support for this Agreement shall be by General Funds Account Program of the New Haven Board of Education, **Account Number:** 190-490-00-56694, **Location Code:** 0000.

This agreement shall remain in effect from February 16, 2022 to June 30, 2022.

SCOPE OF SERVICE: *Please provide brief summary of service to be provided.*

Dr. Ellen Preen, Psy. D., will be conducting independent psychological evaluation/s on a student attending a New Haven Public School. Dr. Preen will be required to maintain pertinent education records, on completion of consultation/s the records must be returned to the New Haven Public School district.

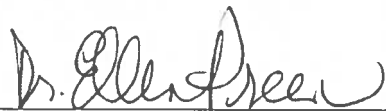
Exhibit A: Scope of Service: Please attach contractor's detailed Scope of Service on contractor letterhead with all costs for services including travel and supplies, if applicable.

Exhibit B: Student Data and Privacy Agreement: Attached

APPROVAL: This Agreement must be approved by the New Haven Board of Education **prior to service start date**. Contractors may begin service no sooner than the day after Board of Education approval.

HOLD HARMLESS: The Contractor shall insure and/or indemnify the Board and its members, employees and agents against all claims, suits, and expenses, including reasonable attorney's fees, in connection with loss of life, bodily injury or property damage arising from any neglect act or omission of the Contractor or its employees or agents. Further, the Contractor covenants and agrees that it shall hold the Board and its members, employees and agents harmless against any and all claims, suits judgments of any description whatsoever caused by the Contractor's breach of this agreement or based upon the conduct of the Contractor, or its agents or its employees or arising out of in connection with their activities under this agreement.

TERMINATION: The Board may cancel this agreement for any reason upon thirty (30) days' written notice sent to the Contractor by certified U.S. mail, return receipt requested; provided however, that the Board shall be responsible to the Contractor for all services rendered by the Contractor through the last day of thirty (30) day notice period, as long as the Agreement was approved by the Board prior to the start date of service.



Contractor Signature

President
New Haven Board of Education

01/05/2022

Date

Date

DR. ELLEN PREEN
CLINICAL NEUROPSYCHOLOGIST
Contractor Printed Name & Title

Revised: 11/27/18



NEW HAVEN PUBLIC SCHOOLS

EXHIBIT B

**STUDENT DATA PRIVACY AGREEMENT
SPECIAL TERMS AND CONDITIONS**

For the purposes of this Exhibit B "directory information," "de-identified student information," "school purposes," "student information," "student records," "student generated content," and "targeted advertising" shall be as defined by Conn. Gen. Stat. §10-234aa.

1. All student records, student information, and student-generated content (collectively, "student data") provided or accessed pursuant this Agreement or any other services agreement between the Parties are not the property of, or under the control of, the Contractor.
2. The Board shall have access to and the ability to delete student data in the possession of the Contractor except in instances where such data is (A) otherwise prohibited from deletion or required to be retained under state or federal law, or (B) stored as a copy as part of a disaster recovery storage system and that is (i) inaccessible to the public, and (ii) unable to be used in the normal course of business by the Contractor. The Board may request the deletion of any such student information, student records or student generated content if such copy has been used by the operator to repopulate accessible data following a disaster recovery. The Board may request the deletion of student data by the contractor within two (2) business days of receiving such a request and provide to the Board confirmation via electronic mail that the student data has been deleted in accordance with the request, the date of its deletion, and the manner in which it has been deleted. The confirmation shall contain a written assurance from the Contractor that proper disposal of the data has occurred in order to prevent the unauthorized access or use of student data and that deletion has occurred in accordance with industry standards/practices/protocols.
3. The Contractor shall not use student data for any purposes other than those authorized pursuant to this Agreement.
4. A student, parent or legal guardian of a student may review personally identifiable information contained in student data and correct any erroneous information, if any, in such student data. If the Contractor receives a request to review student data in the Contractor's possession directly from a student, parent, or guardian, the Contractor agrees to refer that individual to the Board and to notify the Board within two (2) business days of receiving such a request. The Contractor agrees to work cooperatively with the Board to permit a student, parent, or guardian to review personally identifiable information in student data that has been shared with the Contractor, and correct any erroneous information therein.

5. The Contractor shall take actions designed to ensure the security and confidentiality of student data.
6. The Contractor will notify the Board, in accordance with Conn. Gen. Stat. § 10-234dd, when there has been an unauthorized release, disclosure or acquisition of student data. Such notification will include the following steps:

Upon discovery by the Contractor of a breach of student data, the Contractor shall conduct an investigation and restore the integrity of its data systems and, without unreasonable delay, but not more than thirty (30) days after such discovery, shall provide the Board with a more detailed notice of the breach, including but not limited to the date and time of the breach; name(s) of the student(s) whose student data was released, disclosed or acquired; nature of and extent of the breach; and measures taken to ensure that such a breach does not occur in the future.

7. Student data shall not be retained or available to the Contractor upon expiration of the contract between the Contractor and Board, except a student, parent or legal guardian of a student may choose independently to establish or maintain an electronic account with the Contractor after the expiration of such contract for the purpose of storing student generated content.
8. The Contractor and Board shall each ensure their own compliance with the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, as amended from time to time.
9. The Contractor acknowledges and agrees to comply with the above and all other applicable aspects of Connecticut's Student Data Privacy law according to Connecticut General Statutes §§ 10-234aa through 10-234dd.
10. The Parties agree that this Agreement controls over any inconsistent terms or conditions contained within any other agreement entered into by the Parties concerning student data.

CONTRACTOR ASSESSMENT

Vendor Name: Dr. Ellen Preen, Psy. D.

Project Description: To conduct Psychological evaluation/s

Evaluator Typhanie Jackson

Date January 05, 2022

	Unacceptable			Excellent		Not applicable
	1	2	3	4	5	N/A
Quality of contractor's Work						
1. Attendance				X		
2. Effectiveness of consultation					X	
3. Ability to communicate with staff and parents					X	
4. Monitor and maintain social emotional behavioral records				X		
5. Appropriate recommendations for student programming				X		
Working relationship of contractors with district						
6. Timely submission of department data					X	
7. Positive feedback from staff and families					X	
8. Collegial, collaborative relationships with building professionals					X	
Implementation of practice across the district						
9. Flexibility in scheduling					X	
10. Team work with teacher and other professionals				X		
11. Individual/building training of social emotional behavioral strategies				X		

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov/online/ss-5.pdf. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses/ and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

CURRICULUM VITAE

Ellen C. Preen, Psy.D.

Connecticut License No. 002894, Hawaii License No. 1364, Utah License No.7851008-2501

CONTACT INFORMATION

Farmington Valley Neuropsychology Associates, LLC
40 Dale Road, Suite 204, Avon, CT 06001
860.324.7043
drpreen@fvna.net

CLINICAL EXPERIENCE

July 2009 – Present

Clinical Neuropsychologist
Clinical Director
Farmington Valley Neuropsychology Associates

July 2009 – Present

Clinical Associate
University of Connecticut School of Medicine

July 2012 – July 2014

Director of Counseling Center
Avon Old Farms School

Fall 2007 – Spring 2011

Adjunct Faculty
Southern Connecticut State University
Department of Psychology

Fall 2007 – Spring 2011

Adjunct Faculty
Central Connecticut State University
Department of Psychology

July 2007-June 2009

Clinical Neuropsychology Post-Doctoral Fellow
University of Connecticut School of Medicine
Division of Neuropsychology
Department of Psychiatry
Farmington, CT

July 2008- June 2009

Clinical Pediatric Neuropsychology Post-Doctoral Fellow
University of Connecticut School of Medicine
Division of Child & Adolescent Psychiatry
Department of Psychiatry
West Hartford, CT

July 2007- June 2009

Clinical Neuropsychology Post-Doctoral Fellow
University of Connecticut School of Medicine
The Huntington's Disease Program
Farmington, CT

July 2006-June 2007

Neuropsychology Pre-Doctoral Fellow
Yale University School of Medicine
Department of Psychiatry
New Haven, CT

Nov. 2006-June 2007

Neuropsychology Pre-Doctoral Fellow
Gaylord Rehabilitation Hospital
Wallingford, CT

March-June 2007

Neuropsychology Pre-Doctoral Fellow
Dorothy Adler Geriatric Assessment Center
New Haven, CT

July 2006-June 2006

Inpatient Clinical Psychology Fellow
Yale University School of Medicine
Connecticut Mental Health Center
Acute Inpatient Unit
New Haven, CT

July 2005-June 2006

Neuropsychology Trainee
Yale University School of Medicine,
Department of Neurosurgery
Neuropsychology Service
New Haven, CT

July 2004-June 2006

Psychology Trainee
Charlotte Hungerford Hospital
Children's Consultation Center
Torrington, CT

July 2004-June 2005

Psychology Trainee
Charlotte Hungerford Hospital
Extended Day Program
Torrington, CT

May 2003-June 2005

Neuropsychology Trainee
Connecticut Pediatric Neuropsychology Associates
Glastonbury, CT

EDUCATION HISTORY

Graduate: University of Hartford, Connecticut
Psy.D., Clinical Psychology, 2007 (APA-accredited)

University of Hartford, Connecticut
M.A., Clinical Practices, 2005 (APA-accredited)

Undergraduate: Hawaii Pacific University
B.S., Business Administration and Marketing, 1996

RESEARCH EXPERIENCE

2009 *Clinical Field Examiner for MHS Self-Report Questionnaires*

July 2007- June 2009 *Clinical Examiner*
Cohort Study Huntington's Disease
Huntington's Disease Program
University of Connecticut School of Medicine

July 2007-June 2009 *Clinical Neuropsychology Post-Doctoral Fellow*
Gait and Balance Study (BAGEL)
Department of Neurology
University of Connecticut School of Medicine

2006-2007 *Neuropsychology Pre-Doctoral Fellow*
Yale University School of Medicine
New Haven, CT

TEACHING EXPERIENCE

Midwest EMSC Pediatric Champion/PECC Symposium via Zoom
Guest Presenter, Autism Spectrum Disorders, Carter Kits and First Responders (2021)

EMS On Air
Guest Presenter, Autism Spectrum Disorders, Carter Kits and First Responders (2021)

MITRAIN (Michigan Training) Webinar Series
Guest Presenter, Autism Spectrum Disorders, Carter Kits and First Responders (2021)

Talcott Mountain Science Center, Avon, Connecticut
Guest Presenter, Intellectual Giftedness & Twice Exceptionality in Students (2021)

Farmington Public Schools, Farmington, Connecticut
Guest Panel, Professional Development Series (2019)

University of Connecticut, Hospital for Special Care, Nursing Instruction and Research, New Britain, Connecticut

Guest Presenter, Neurodevelopmental Disorders in Pediatrics (2015)

Guest Presenter, Neurocognitive Disorders in Adults and Geriatrics (2015)

Ethel Walker School, Simsbury, Connecticut

Guest Presenter, Psychological Disorders and Mental Health Issues Commonly Seen in Adolescents (2015)

Guest Speaker, AP Psychology (2015)

Avon Old Farms School, Avon, Connecticut, Faculty Training

Guest Presenter, Psychological Disorders and Mental Health Issues Commonly Seen in Adolescents (2013)

Guest Presenter, Sports Related Concussion and Neurological Symptoms in Adolescents (2013)

Guest Presenter, Psychological Disorders and Mental Health Issues Commonly Seen in Adolescents (2012)

Guest Presenter, Sports Related Concussion and Neurological Symptoms in Adolescents (2012)

Guest Presenter, Psychological Disorders and Mental Health Issues Commonly Seen in Adolescents (2011)

Connecticut Children's Medical Center Radiology Department 14th Annual Pediatric Radiology Conference, Hartford, Connecticut

Guest Presenter, Effective Management for Children Diagnosed with Autism Spectrum Disorders and Attention Deficits Hyperactivity Disorder (2012)

Yale University, School of Medicine, Department of Psychiatry, Connecticut Mental Health Center Inpatient Services, New Haven, Connecticut

Guest Presenter, Utility of Neuropsychological Evaluation (2011)

Yale University, School of Medicine, Department of Neurosurgery, Neuropsychology Services, New Haven, Connecticut

Guest Presenter, Neuropsychology of Juvenile Huntington's Disease (2009)

Guest Presenter, Neuropsychology of Juvenile Huntington's Disease (2010)

University of Connecticut, School of Medicine, Department of Psychiatry, Farmington, Connecticut

Clinical Associate, Assessment and Diagnosis: Pediatric Neuropsychology and Psychology Assessment (2011)

Clinical Associate, Assessment and Diagnosis: Pediatric Neuropsychology and Psychology Assessment (2010)

Clinical Associate, Assessment and Diagnosis: Pediatric Neuropsychology and Psychology Assessment (2009)

University of Connecticut, School of Medicine, Department of Psychiatry, Neuropsychology Services /Hartford Consortium VA Internship Seminar, Farmington, Connecticut

Guest Lecturer, Pediatric Neuropsychology (2010)

Guest Lecturer, Pediatric Neuropsychology (2009)

Guest Lecturer, Pediatric Neuropsychology (2008)

Southern Connecticut State University, New Haven, Connecticut

Adjunct Faculty, Abnormal Child Psychology (Spring, 2010)

Adjunct Faculty, Abnormal Child Psychology (Fall, 2009)

Adjunct Faculty, Abnormal Child Psychology (Spring, 2009)

Adjunct Faculty, Infant and Child Development (Fall, 2008)

Central Connecticut State University, New Britain, Connecticut

Adjunct Faculty, General Psychology (Spring, 2009)

Adjunct Faculty, General Psychology (Fall, 2008)

University of Hartford, Graduate Institute of Professional Psychology

Teaching Assistant, Psychological Assessment III (2005)

Teaching Assistant, Psychological Assessment II (2006)

BOOK REVIEW

Laura Freberg's Discovery Series: Biological Psychology, 2010.

PROFESSIONAL AFFILIATIONS

American Psychological Association - Division 40

International Neuropsychological Society

National Academy of Neuropsychology

Connecticut Neuropsychology Society – Co-Secretary (2008-2012)

PUBLICATION

2016

O'Connor, B. J., Vivian, J., Memo, J. & Preen, E. Personality Characteristics of College Age Alcohol and Substance Users (Doctoral Dissertation). Retrieved from MLA International Bibliography Database.

2010

Connor, D., Chartier, K., Preen, E., & Kaplan, R. Impulsive Aggression in ADHD: Symptom Severity, Comorbidity, and ADHD Subtype. *Journal of Child and Adolescent Psychopharmacology*, Volume 20, 2.

2009

Springate, B., Young, K., Preen, E., White, W. B., Kaplan, R. F., & Wolfson, L. Circadian Blood Pressure Patterns and Cognition in the Normal Elderly. *The Clinical Neuropsychologist*, Volume 23, 4.

2009

Springate, B., Young, K., Preen, E., White, E. B., Kaplan, R. F., & Wolfson, L. Circadian Blood Pressure Patterns and Cognition in the Normal Elderly. *The Clinical Neuropsychologist*, Volume 23, 4.

2008

Chasman, J., Springate, B., Preen, E., Young, K., Kaplan, R. F., & Wolfson, L. White Matter Abnormalities and Levels of Information Processing in the Normal Elderly. *The Clinical Neuropsychologist*, Volume 22, 3.

2007

Preen, E., Mehm, J. & Javornisky, G. External Validation of Autistic and Asperger's Disorder: Different Aspects of Executive Functioning (Doctoral Dissertation). Retrieved from MLA International Bibliography Database.

CONFERENCE PRESENTATIONS2009

Young, K. P., Springate, B., Preen, E., & Kaplan, R. (2009). Cognitive Slowing in Amnesic Mild Cognitive Impairment. Poster to be presented at the 37th Annual Meeting of the International Neuropsychological Society in Atlanta, Georgia.

2008

Chasman, J., Springate, B., Preen, E., Young, K., Kaplan, R. F., & Wolfson, L. (2008). White Matter Abnormalities and Levels of Information Processing in the Normal Elderly. Poster presented at the 6th Annual Meeting of the American Academy of Clinical Neuropsychology in Boston, Massachusetts.

2008

Springate, B., Preen, E., Kaplan, R., & Wolfson, L. (2007). Reaction Time and Level of Processing in the Normal Elderly. Poster presented at the 36th Annual Meeting of the International Neuropsychological Society in Waikoloa, Hawaii.

2007

Preen, E., Javornisky, G., & Mehm, J. (2007). External Validation of Autistic Disorder and Asperger's Disorder: Different Aspects of Executive Functioning. Poster presented at the Annual Meeting of the National Association of the Dually Diagnosed in Atlanta, Georgia.

2005

Preen, E., & Grier, A. (2004). Multicultural Aspects of Family Therapy. Poster presented at the Annual Meeting of the Diversity Conference, West Hartford, Connecticut.

2004

Tolisano, P., Song, J. & Preen, E. (2003). Positive Psychological Instruments in Assessing the Resiliency Traits of Non-Substance Abusers. Poster session presented at the Annual Meeting of the Connecticut Psychological Association Convention, Westbrook, Connecticut.

VOLUNTEER

January 2021-Present *Board Member*
Key Human Services

December 2019-Present *Co-Founder*
www.CarterKits.org