



NEW HAVEN PUBLIC SCHOOLS
AGREEMENT COVER SHEET

Cover Sheet is an Internal Document for Business Office Use

Please Type

Contractor full name: Psychological Assessment Service, LLC (Dr. Bina Roginsky, Psy D., BCBA)

Doing Business As, if applicable:

Business Address: 245 Amity Road, Suite 209, Woodbridge, CT 06525

Business Phone: 203-848-7590

Business email: Dr.Roginsky@psychologyEval.com

Tax ID #:

Funding Source & Acct # including location code: Special Education Stipend COVID-19 Account, account # 2504-6375-56694, Location Code: 0000 (*pending receipt of funds*)

Principal or Supervisor: Typhanie Jackson, Director and Milvia Concas, Supervisor of School Psychological Services.

Agreement Effective Dates: From: 07/20/2021. To: 09/30/2021.

Hourly rate or per session rate or per day rate. Daily rate of \$750.00
Total amount: \$20,000

Description of Service: Services will be conducted by Dr. Bina Roginsky to conduction psych-educational evaluations to include cognitive functioning, achievement testing, and behavior rating.

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: July 19, 2021
Re: Psychological Assessment Service, LLC

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:** Psychological Assessment Service, LLC
2. **Description of Service:** Services to be conducted by Dr. Bina Roginsky, Psy D. Psycho-educational evaluations, to include cognitive functioning, achievement testing and behavior rating for special needs students.
3. **Amount of Agreement and hourly or session cost:** \$20,000 (\$750.00 per session for 26 psychological evaluations.)
4. **Funding Source and account number:** Special Education Stipend COVID-19 Account, account # 2504-6375-56694, Location Code: 0000 (pending receipt of funds)
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
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: Due to COVID 19 there have been increases in the number of psycho-educational evaluations that are due.

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 school psychologist supervisor, Milvia Concas 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
Psychological Assessment Services, LLC

FOR DEPARTMENT/PROGRAM:

Student Services/Special Education Department

This agreement entered into on the 19th day of July, 2021 effective the 20th day of July, 2021 by and between the New Haven Board of Education (herein referred to as the “Board”) and, Psychological Assessment Services, 245 Amity Road, Suite 209, Woodbridge, CT 06525 (herein referred to as the “Contractor”).

Compensation: The Board shall pay the contractor for satisfactory performance of services required at a rate of \$20,000 for a maximum of and for a total of 20 assessments.

The maximum amount the contractor shall be paid under this agreement: Twenty Thousand Dollars (\$20,000). 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 Special Education Stipend COVID-19 Program of the New Haven Board of Education, **Account Number:** 2504-6375-56694 (*pending receipt of funds*) Location Code: 0000

This agreement shall remain in effect from July 20, 2021 to September 30, 2021.

SCOPE OF SERVICE:

Dr. Bina Roginsky will conduct 20 psychological assessments with the New Haven Public Schools. Evaluations will be completed at the student’s schools, commencing with the date of this agreement. Each evaluation will be requested by formal communication from James Nichols and be completed at a rate of \$750.00 per psychological evaluation.

Each evaluation with include the following components (unless noted on ED627),

- Psycho-educational evaluation – including cognitive functioning, achievement testing, and basic rating scales.

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

Exhibit B: Student Data and Privacy Agreement: Attached

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' 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.

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 Contract through the last day of thirty (30) day notice period.



Contractor Signature

New Haven Board of Education

6/30/2021

Date

Date

Bina Roginsky, Psy.D, BCBA

Contractor Name Printed or Typed



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.

Revised: 10/2/18


CONTRACTOR ASSESSMENT

Vendor Name: Psychological Assessment Services, LLC – Dr. Bina Roginsky, Psy.D, BCBA

 Project Description: School Psychological Evaluations

Evaluator: TYPHANIE JACKSON

Date: 07/01/2021

	Unacceptable				Excellent	Not applicable
	1	2	3	4	5	N/A
Quality of contractor's Work						
1. Attendance					X	
2. Effectiveness of Psychological Evaluations					X	
3. Ability to relate to parents and professionals during PPT's					X	
4. Monitor and maintain social emotional behavioral records					X	
5. Educational/psychological support					X	
Working relationship of contractors with district						
 6. Timely submission of invoices					X	
7. Accuracy of invoices					X	
8. Collegial, collaborative relationships with building professionals					x	
Implementation of practice across the district						
9. Flexibility in scheduling					x	
10. Coverage when needed (substitution)						x
11. Team work with teacher and other professionals					X	

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) Bina Roginsky	
Business name, if different from above Psychological Assessment Services LLC	
Check appropriate box: <input checked="" type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) 245 Amity Rd #204	Requester's name and address (optional)
City, state, and ZIP code Woodbridge, CT 06525	City of New Haven 200 Orange Street New Haven CT 06510
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number
27416131859

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of U.S. person ▶

Bina Roginsky

Date ▶

2/22/2021

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding,
- or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

THE CITY OF NEW HAVEN

BUREAU OF PURCHASES

200 Orange Street

New Haven, Connecticut 06510
(203) 946-8201 - FAX (203) 946-8206

JUSTIN ELICKER
Mayor



Michael V. Fumiatti
Purchasing Agent

DISCLOSURE & CERTIFICATION AFFIDAVIT OF OUTSTANDING OBLIGATIONS TO THE CITY OF NEW HAVEN

VENDOR NAME	Psychological Assessment Services, LLC
VENDOR ADDRESS	245 Amity Rd, #209 Woodbridge CT 06525
TELEPHONE /FAX	Ph: 203-848-7590 Fax: 203-289-6455
CONTACT/E-MAIL ADDRESS	Dr. Roginsky@PsychologyEval.com
SOLICITATION TITLE	
SOLICITATION NUMBER	

For the purposes of this Disclosure of Outstanding Financial Obligations, the following definitions apply:

- (a) "Contract" means any Public Contract as defined below.
- (b) "Person" means one (1) or more individuals, partnerships, corporations, associations, or joint ventures.
- (c) "Public Contract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, materials or any combination of the foregoing, or any lease, lease by way of concession, concession agreement, permit, or per agreement whereby the city leases, grants or demises property belonging to the city, or otherwise grants a right of privilege to occupy or to use said property of the city.
- (d) "City" means any official agency, board, authority, department office, or other subdivision of the City of New Haven.

State of Connecticut County of New Haven Ss.

Bira I. Roginsky
(type or print your name above)

being first duly sworn, deposes and says that:

1. I am owner, partner, officer, representative, agent or _____ of: Psychological Assessment Services, LLC
(circle one) Company Name (if individual type your name)
2. I am fully informed respecting the preparation and contents of the attached Agreement and of all pertinent circumstances respecting such Agreement;
3. That as a person desiring to contract with the City (check all that apply):
 - The Contractor and each owner, partner, officer, representative, agent or affiliate of the Contractor has filed a list of taxable personal property with the City of New Haven for the most recent grand list, as required by Conn. Gen. Stat. §12-42.
 - Neither the Contractor nor any owner, partner, officer, representative, agent or affiliate of the Contractor are required to file a list of taxable personal property with the City of New Haven for the most recent grand list, as required by Conn. Gen. Stat. §12-42.
 - Neither the Contractor nor any owner, partner, officer, representative, agent or affiliate of the Contractor either directly or through a lease agreement, owes back taxes to the City of New Haven
 - Neither the Contractor nor any owner, partner, officer, representative, agent or affiliate of the Contractor either directly or through a lease agreement, has any other outstanding obligations to the City of New Haven
 - The Contractor or an owner, partner, officer, representative, agent or affiliate of the Contractor owes back taxes and has executed an agreement, satisfactory to the tax collector, to pay said back taxes in installment payments and the payments under said agreement are not in default. The agreement shall be attached, and incorporated herein by reference.

4. The following list is a list of the names of all persons affiliated with the business of the Contractor, if none state none. Use additional sheet if necessary (Must be on company letterhead and notarized): This does not mean ALL employees - just officers, owners etc.

Name	Title	Affiliated Company (if none state NONE)	Service or Material	DOB
1		none		
2				
3				
4				

5. That as a person desiring to contract with the City:

(a) The Contractor or an owner, partner, officer, representative, agent or affiliate of the Contractor provides, or has provided, services or materials to the City within one (1) year prior to the date of this disclosure, if none, state none. Use additional sheet if necessary (Must be on company letterhead and notarized):

Name	Title	Affiliated Company (if none state NONE)	Service or Material	DOB
1		none		
2				
3				
4				

(b) The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional sheet if necessary (Must be on company letterhead and notarized) :

Organization Name	Address	Type of Ownership		
1		none		
2				

(c) The following persons possess an ownership interest in the Contractor. If the Contractor is a corporation, list all of the officers of the corporation and the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock, if none, state none. Use additional sheet if necessary (Must be on company letterhead and notarized):

Name	Title	DOB	Stock %	
1		none		
2				

(d) Of the following of the affiliates, individuals or business entities identified in this affidavit, list each that owns, owned, or within one (1) year prior to the date of this disclosure has owned, taxable property situated in the City of New Haven, if none state none. Use additional sheet if necessary (Must be on company letterhead and notarized):

Name	Title	Affiliated Company (if none state NONE)	Address	DOB
1		none		
2				

(e) If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none:

TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
1	none	
2		

I hereby certify that the statements set forth above are true and complete, and I understand that any incorrect information or omission of information from this affidavit may result in the immediate termination of the Contractor's agreement with the City of New Haven.

(Signed) Cindy Spadaro
Title:

Subscribed and sworn to before me this 22 day of Feb, 2021
Notary
(Title)

My commission expires **CINDY SPADARO**
NOTARY PUBLIC
MY COMMISSION EXPIRES NOV. 30, 2024

This Form Must be Notarized

**New Haven Public Schools
Agreement for Services
2020-2021 School Year**

February 4, 2021

Dr. Bina Roginsky
Psychological Assessment Service, LLC.
245 Amity Road, Suite 209
Woodbridge, CT 06525

It is agreed that New Haven Public Schools has authorized the following services to be provided by **Psychological Assessment Service, LLC:**

- Completion of psychoeducation evaluations (not to exceed 25) for students at New Haven Public Schools.
- Evaluations will be completed at the student's schools, commencing with the date of this agreement through June 30, 2021.
- Each evaluation will be requested by formal communication from James Nichols and be completed at a rate ranging between \$200 and \$600 per evaluation.
- Each evaluation will include the following components (unless otherwise noted on ED627):
 - Cognitive Evaluation with file review, and rating scales - \$395
 - Behavior Rating Scales only - \$200
 - Cognitive testing only - \$300
 - Comprehensive psychological evaluation – including autism rating scales, adaptive scales, personality functioning - \$600
 - Psycho-educational evaluation – including cognitive functioning, achievement testing, basic rating scales - \$750

It is agreed there will be full compliance with any federal, state or local law or regulation regarding students records, personally identifiable information of students and student privacy including the Family Educational Rights and Privacy Act of 1974 (FERPA) (20 USC 1232g) and its implementing regulations (34 CFR Part 99), regarding the confidentiality of student information and records.

By signing this Agreement, you agree to the terms outlined above. Any services or evaluations outside the terms described herein must be addressed via an addendum to this Agreement.

Dr. Bina Roginsky - Evaluator

Date

Special Education Supervisor, New Haven Public Schools

Date

Business Manager, New Haven Public Schools

Date

Bina Roginsky, Psy.D., BCBA

Licensed Clinical Psychologist
Board Certified Behavior Analyst

245 Amity Rd, Suite 209

Woodbridge, CT 06525

Phone: 203-848-7590

Fax: 203-285-6455

Dr.Roginsky@PsychologyEval.com

Education:

Post-graduate Certificate in Behavior Analysis, January 2013

Kaplan University, Online Program

Behavior Analyst Certification Board-approved program

Doctor of Psychology (Psy.D), Clinical Psychology, September 2008

University of Hartford, Hartford, CT

American Psychological Association-approved program

Dissertation topic: Coping with the Autism Diagnosis: A Parent's Guide to Managing Stress

MA, Clinical Psychology, September 2006

University of Hartford, Hartford, CT

BA, Behavioral Sciences, July 2004

Ben-Gurion University, Beer-Sheva, Israel.

"Nativ" Leadership Program, School for Overseas Students, January 1997

Hebrew University, Jerusalem, Israel.

Clinical Experience:

January 2011 – present

**Psychologist, Board Certified Behavior Analyst
Psychological Assessment Services, LLC**

- Independent practitioner in private practice
- Conduct psychological assessments and evaluations for the Juvenile Court system
- Conduct psychological assessments and evaluations for the Bureau of Disability
- Consult with Westminster School Health Center, providing individual psychotherapy to adolescents and crisis services to the students on campus

September 2009 – April 2013

**Psychologist
Connecticut Behavioral Health, LLC
Cheshire, Connecticut**

- Caseload of ~30 children, adolescents, and adults
- Conduct psychological testing and evaluation
- Provide individual and family psychotherapy, utilizing dynamic, cognitive-behavioral, and relational techniques
- Conduct intakes, treatment planning, and case management

Supervisors: Jonathan Pedro, PhD
Ryan Loss, PhD

September 2008 – September 2009

Post-doctoral Psychology Resident
Child Guidance of Mid-Fairfield County
Norwalk, Connecticut

- Caseload of children, adolescents, and families, aged 3-17 years
- Provide individual, family, and group psychotherapy, utilizing dynamic, solution-focused and relational techniques
- Conduct intakes, treatment planning, and case management
- Conduct outcome-focused research on interventions offered at the clinic

Supervisors: Michael Fischler, PhD
Mark Beitel, PhD

September 2007-August 2008

Psychology Intern
MercyFirst
Syosset, New York

- Caseload of 8-10 clients, aged 13-20 years in a residential setting
- Provide individual, family, and group psychotherapy, utilizing solution-focused, dynamic, and cognitive behavioral techniques
- Conduct psychological evaluations and forensic risk assessments for court-referred adolescents
- Didactic training focusing on ethics, diagnostics, and treatment of juvenile offenders

Supervisors: Stephen Migden, PhD
Kristan Baker, PsyD
Samuel Landsman, PhD

May 2007-August 2007

Clinician
Hospital of St. Raphael
New Haven, Connecticut

- Caseload of 8-10 clients, aged 5-10 years in an Intensive Outpatient/Partial Hospital setting
- Provide individual, family, and group psychotherapy, utilizing psychoeducational techniques with emphasis on anger management and coping skills
- Conduct intakes, treatment planning, and case management
- Participation in weekly multidisciplinary rounds

Supervisors: David Abrams, PsyD
Rebecca Goldberg, LCSW

Teaching Experience:

September 2010 – January 2015

Adjunct Professor
American Public University
Department of Psychology
Online course

- Teaching courses toward a B.A degree in psychology and general studies

- Review of assignments and discussions
 - Remain current on developments in psychological research and theory
- Supervisor: Carol Passman, PhD

November 2008 - present

Adjunct Professor
Purdue Global Online
(Formerly known as Kaplan University)
Department of Psychology
 Online course

- Teaching courses toward a B.A degree in psychology
 - Review of assignments and discussions
 - Participation in department meetings and professional development
 - Emphasis on creative, flexible learning techniques
- Supervisor: Julee Stamper Poole, PhD

September 2006 - May 2007

Teaching Assistant
University of Hartford
Graduate Institute of Professional Psychology
 Hartford, Connecticut

- Teaching lab groups of 5 students for graduate-level Psychological Assessment courses
 - Review of test data and scoring procedures
 - Instruction about writing and editing integrated reports, including cognitive and personality functioning
 - Emphasis on integration of data and use projective techniques, such as the Rorschach test
- Supervisor: Ines Schroeder, PsyD

September 2005 - May 2006

Learning Specialist
University of Hartford, Learning Plus
 Hartford, Connecticut

- Individualized support and instruction for college freshmen and sophomores
 - One-on-one work with college students with attention disorders and learning disabilities
 - Focused on strategies needed to be effective and organized in academic and professional settings
 - Emphasis on study skills, informational organization strategies, time management, and academic planning.
- Supervisor: Lynne Golden, MA

Research Experience:

September 2004 - June 2005

Research Assistant
University of Hartford,
Graduate Institute of Professional Psychology
 Hartford, Connecticut

- Assisted in research on children and adolescents, applied behavior analysis, and

complexity in cognition, cognitive factors in pilots

- Job duties included performing literature reviews, creating and editing documents, data entry.

Supervisor: Robert Leve, PhD

January 2004 - August 2004

Research Assistant
Ben-Gurion University,
Department of Gerontology
Beer-Sheva, Israel

- Application of qualitative and quantitative research methods in the fields of sociology and psychology
- Job duties included editing articles and academic documents about social issues associated with end-of-life care, translating articles in English and Hebrew, analyzing data using SPSS and Statistica software, general office duties.

Supervisor: Sara Carmel, MPH, PhD

August 2003 - August 2004

Historical Research Reviewer
Ben-Gurion Archives
Sde Boker, Israel

- Review and summarization of historic Israeli documents in English and Hebrew, data entry into computerized, on-line database for public access
- Received supervision and education about Israeli, American, and European history of the early twentieth century.

Supervisor: Nili Pilner, PhD

Other Employment Experience:

September 2001 - July 2003

Training Evaluation and Sensing Specialist
Intel Electronics
Kiryat Gat, Israel

- Intern in Human Resources Department
- Member of organizational development team
- Responsible for training evaluation and sensing for four facilities across the country
- Coordinator of senior management and employee development courses
- Continuous customer relations with different departments utilizing evaluation services
- Statistical analysis and data presentation to various teams within Human Resources and Training departments

Supervisor: Chen Dekel-Cohen, MA

March 2000 - September 2001

Self-Sustaining Technician and Trainer
Intel Electronics
Kiryat Gat, Israel

- Trainer and Manufacturing Technician
- Operated complex machinery involved in the production of microprocessors

- Trained new employees and managers on machinery and responsibilities of effective work on factory floor
- Leader and participant in workgroups to improve quality and efficiency in the department

Supervisor: Shay Yonayov, BA

Military Service:

August 1997- December 1999

Supervisor and Operator in Radar Station

Israeli Defense Forces, Navy

Mediterranean Coast, Israel

- Supervisor in naval command center and radar station
- Monitoring of coastal borders and naval traffic
- Responsible for operation and technical functioning on radars, night vision equipment, and radios at station
- Coordinator of communication between naval patrol boats and battleships in region
- Leader of command center during emergency situations.
- Base leader for newly recruited soldiers, instructor and trainer regarding technical equipment and defense protocol.

Commander: Asaf Dvir, Navy Major