



NEW HAVEN PUBLIC SCHOOLS  
**AGREEMENT COVER SHEET**

**Cover Sheet is an Internal Document for Business Office Use**

**Please Type**

Contractor full name: NCS Pearson, Inc,

Doing Business As, if applicable:

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

Business Phone: 800-627-7271

Business email: [michael.grau@pearson.com](mailto:michael.grau@pearson.com)

Funding Source & Acct # including location code: General Funds, account # 190-490-00-56694, Location Code: 0490

Principal or Supervisor: Typhanie Jackson, Executive Director of Special Education and Student Services Department

Agreement Effective Dates: From September 19, 2023. To June 30, 2024.

Hourly rate or per session rate or per day rate. \$63,750

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

Materials and license renewal protocols for Related Services Staff Members (School Social Workers, School Psychologists and Speech & Language Pathologists) to assist them in evaluating and scoring students.

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

Revised 5/2023

For: Office Use Only

PLEASE DO NOT PROCESS WITHOUT A PO NUMBER!

<b>Faxed:</b> <input type="checkbox"/>	<b>Emailed:</b> <input type="checkbox"/>
Vendor No.	Date Entered

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

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

Vendor:  
 NCS Pearson, Inc  
 P.O. Box 59970  
 San Antonio, TX 78259  
 Phone #: 1-800-627-7271  
 Vendor's Email

**General Funds**

Fiscal Year: **2023-2024**

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

Deliver To:  
 Kate Aniballi, Supervisor of Psych  
 Typhanie Jackson, Executive  
 Director  
 New Haven BOE  
 54 Meadow Street, 3rd floor  
 New Haven, CT 06519

Date Prepared	Agency	Program	Location	Object
09/11/23	<b>190</b>	<b>490</b>	<b>00</b>	<b>56694</b>

Quantity	Description	Unit Cost	Total Cost
3,400	DALSCOMPLETE RENEWAL (DIGITAL) - Item # A103000244405	16.00	54,400.00
3,400	Digital Assessment Library for Schools PLUS - Item # A103000157866	2.55	8,670.00
3,400	QG-DAL-SCHOOLS PSYCH PORTFOLIO - Item # A103000278938	0.00	0.00
3,400	QG-DAL-SCHOOLS SLP-OT-PT PORTFOLIO - Item # A103000278933	0.00	0.00
3,400	QG-DAL-SCHOOLS SCREENER PORTFOLIO - Item # A103000278934	0.00	0.00
3,400	QG-DAL-SCHOOLS-ABILITY PORTFOLIO - Item # A103000278935	0.00	0.00
3,400	QG-DAL-SCHOOLS MENTAL HEALTH PORTFOLIO - Item # A103000278937	0.00	0.00
3,400	QG-DAL-SCHOOLS ACADEMIC PORTFOLIO - Item # A103000278936	0.00	0.00
3,400	DAL-SCHOOLS-MHS EDUCATION - Item # A103000347050	0.20	680.00
			0.00
			0.00
			0.00
			0.00
	Shipping Charge		

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

**SELECT YOUR BUSINESS OFFICE CONTACT IN DROP DOWN**

Authorized Supervisor's Signature <b>Typhanie Jackson</b> 9/11/23 tap to enter a date.	Business Office Approval  Click or tap to enter a date.	Principal's Signature <b>Typhanie Jackson</b> 9/11/23 tap to enter a date.	<b>TOTAL AMOUNT</b>	<b>\$ 63,750.00</b>
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**FOR PAYMENT:** Send Your Invoice Electronically or By Mail:  
 Email: [NHInvoice@newhavenct.gov](mailto:NHInvoice@newhavenct.gov) or Email Above  
 Mail: **New Haven Public Schools**  
**Attn: Dept. of General Funds**  
**54 Meadow Street, New Haven, CT 06519**  
 Fax: **1-203-946-7436**



NEW HAVEN PUBLIC SCHOOLS

## Memorandum

**To:** New Haven Board of Education Finance and Operations Committee  
**From:** Typhanie Jackson, Executive Director of SPED and Student Services  
**Date:** September 11, 2023  
**Re:** Purchase Order – NCS Pearson, Inc

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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:** To purchase scoring protocols and license renewal for the school psychologist department in our district.
3. **Amount** of Agreement and hourly or session cost: \$63,750
4. **Funding Source** and account number: General Funds, account # 190-490-00-56694  
Location Code: 0490
5. Approximate number of staff served through this program or service: 30
6. Approximate number of students served through this program or service: 3,400 students
7. **Continuation/renewal or new Agreement?**  
**Answer all questions:**
  - a. If continuation/renewal, has the cost increased? If yes, by how much?  
Renewal/no increase
  - 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? Renewal

**8. 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)

**9. 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? Renewal
- f. If it is a renewal/continuation has cost increased? If yes, by how much?
- g. Will the output of this Agreement contribute to building internal capabilities?  
If yes, please explain: N/A  
Yes, this platform allows educators to access scoring modules. There are also modules that support related staff members in assessing special education determination.

**10. Contractor Selection: In this section, please describe the selection process, including other sources considered and the rationale for selecting the contractor. Please answer all questions:**

- a. What specific skill set does this contractor bring to the project? Please attach a copy of the contractor's resume if an individual or link to contractor website if a company: 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 designation from the City of New Haven Purchasing Department? Sole Source has been applied for with the City currently pending in the Purchasing Department.
- c. Is the contractor the lowest bidder? If no, why? Why was this contractor selected? This contractor was selected because they are the company that provides this service.
- d. Who were the members of the selection committee that scored bid applications? N/A
- e. If the contractor is Sole Source, please attach a copy of the Sole Source designation letter from the City of New Haven Purchasing Department

## 11. 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 related staff members to score and evaluate students.
  - b. If this is a **renewal/continuation service** attach a copy of the evaluation or archival data that demonstrates effectiveness. Feedback and reporting from staff members and parents.
  - c. How is this service aligned to the District Continuous Improvement Plan?  
This district continuous improvement plan is to provide licenses and scoring materials to school psychologists, school social workers and speech and language pathologists.
12. 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.
13. 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.



Quote/Proforma Number: 209421						Page 2 of 2
Item Number	Item Description	Quantity	Unit Price	Discount	Tax	Line Total
A103000244405	DALSCOMPLETE RENEWAL (DIGITAL)	3400	16.00	NET	0.00	\$54,400.00
A103000157866	Digital Assessment Library for Schools PLUS	3400	2.55	NET	0.00	\$8,670.00
A103000278938	QG-DAL-SCHOOLS PSYCH PORTFOLIO	3400	0.00	PROMO	0.00	\$0.00
A103000278933	QG-DAL-SCHOOLS SLP-OT-PT PORTFOLIO	3400	0.00	PROMO	0.00	\$0.00
A103000278934	QG-DAL-SCHOOLS SCREENER PORTFOLIO	3400	0.00	PROMO	0.00	\$0.00
A103000278935	QG-DAL-SCHOOLS-ABILITY PORTFOLIO	3400	0.00	PROMO	0.00	\$0.00
A103000278937	QG-DAL-SCHOOLS MENTAL HEALTH PORTFOLIO	3400	0.00	PROMO	0.00	\$0.00
A103000278936	QG-DAL-SCHOOLS ACADEMIC PORTFOLIO	3400	0.00	PROMO	0.00	\$0.00
A103000347050	DAL-SCHOOLS-MHS EDUCATION	3400	0.20	NET	0.00	\$680.00

\*\*\* IMPORTANT CUSTOMER MESSAGES \*\*\*

DIGITAL ASSESSMENT LIBRARY FOR SCHOOLS RENEWAL - 3400 IEPS

QUOTE/PROFORMA TOTALS	Subtotal	Total Other Charges	Total Tax	Total Due
	USD	USD	USD	USD
	\$63,750.00	\$0.00	\$0.00	\$63,750.00

By placing your order, you hereby agree to the Terms and Conditions which govern your purchase:

<https://www.pearsonassessments.com/footer/terms-of-sale---use.html>

For questions, please visit our support site at

<https://www.pearsonassessments.com/contact-us.html>



Pearson

**QUOTE / PROFORMA**

**Customer Bill-to:**

New Haven Public Schools  
54 MEADOW ST  
New Haven CT, 06519-1783

**Attention:**

**Customer Ship-to:**

New Haven Public Schools  
54 MEADOW ST  
New Haven CT, 06519-1783

**Attention:**

**NCS Pearson, Inc.**

P.O Box 599700,  
San Antonio, TX 78259  
**Tel:** 800-627-7271  
**Tax ID No:**  
41-0850527

**Quote/Proforma Number :** 209421

**Date :** 18-JUL-2023

**Customer Account# :** 551233

**Sales Order Number :** 209421

**Customer PO# :**

**Currency :** USD

**Shipment Terms :** Paid

**Customer Tax Number :**

**Number of Pages :** Page 1 of 2

Prices will be honored for 60 days from price quote date.

This price quote does not guarantee stock availability and shipping amount is estimated, standard shipping charges apply.

<b>Total Ordered Quantity (No. Of Items) :</b>		30600	<b>REMITTANCE INFORMATION</b>											
<b>Other Charges :</b>	USD	\$0.00	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px dashed black;"><b>Make Checks Payable to:</b></td> <td style="width: 50%; border-bottom: 1px dashed black;"><b>Bank Wire to:</b></td> </tr> <tr> <td>13036 COLLECTION CENTER DRIVE</td> <td>Bank of America N A</td> </tr> <tr> <td>CHICAGO</td> <td>071000039</td> </tr> <tr> <td>60693</td> <td><b>A/C No:</b> 8188105388</td> </tr> <tr> <td>NCS Pearson, Inc.</td> <td>SWIFT : 071000039</td> </tr> </table>		<b>Make Checks Payable to:</b>	<b>Bank Wire to:</b>	13036 COLLECTION CENTER DRIVE	Bank of America N A	CHICAGO	071000039	60693	<b>A/C No:</b> 8188105388	NCS Pearson, Inc.	SWIFT : 071000039
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