



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](mailto:Dr.Roginsky@psychologyEval.com)

Tax ID #:

Funding Source & Acct # including location code: ESSER II – ARP IDEA,  
account # 2554-6404-56903, Location Code: 0490

Principal or Supervisor: Typhanie Jackson, Director and Kate Aniballi, Supervisor  
of School Psychological Services.

Agreement Effective Dates: From: September 13, 2022. To: June 30, 2023.

Hourly rate or per session rate or per day rate. 30 evaluations at a rate of \$1,000  
per evaluation

Total amount: \$30,000

Description of Service: Services will be conducted by Dr. Bina Roginsky to  
conduct 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, Executive Director of SPED and Student Services  
**Date:** August 26, 2022  
**Re:** Contract – Psychological Assessment Services, LLC

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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:** Psychological Assessment Services, LLC
2. **Description of Service:** Psychological assessments for special education eligibility students. All evaluations will be conducted at the students' school commencing with the date of this agreement. Each assessment will be requested by formal communication from Kate Aniballi and be completed.
3. **Amount of Agreement and hourly or session cost:** 30 psych-educational assessment @ a rate of \$1,000 for each assessment.
4. **Funding Source and account number:** ESSER II- ARP IDEA, ACCOUNT # 2554-6404-56903, Location Code: 0490
5. Approximate number of staff served through this program or service: 0
6. Approximate number of students served through this program or service: 30
7. **Continuation/renewal or new Agreement?**  
**Answer all questions:**
  - a. If continuation/renewal, has the cost increased? If yes, by how much?  
Renewal/increase \$10,000
  - b. What would an alternative contractor cost: \$40,000
  - 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? No, this contractor is specialized in conducting bilingual/mono-bilingual psychological and speech and language evaluations.

**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, no staff is specialized in providing this service.
- 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? Yes
- 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? Renewal
- f. If it is a renewal/continuation has cost increased? If yes, by how much?  
Renewal/\$10,000
- g. Will the output of this Agreement contribute to building internal capabilities?  
If yes, please explain: N/A

**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: Specific skill is to provide psychological assessments.
- b. How was the Contractor selected? Quotes, RFP/RFQ, Sealed Bid or Sole Source designation from the City of New Haven Purchasing Department?  
Quotes
- c. Is the contractor the lowest bidder? If no, why? Why was this contractor selected? This contractor was selected because she is specialized in conducting psychological and speech and language evaluations.
- d. Who were the members of the selection committee that scored bid applications? No selection
- 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. N/A

**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? This contractor's specific need is to perform psychological assessments.
- b. If this is a **renewal/continuation service** attach a copy of the evaluation or archival data that demonstrates effectiveness. Renewal and effectiveness will be demonstrated by feedback from staff and parents.

c. How is this service aligned to the District Continuous Improvement Plan?  
This service is aligned to the district's continuous improvement plan by equity of services for all students.

12. Why do you believe this Agreement is fiscally sound? This agreement is fiscally sound as quotes and services are of a reasonable cost.

13. What are the implications of not approving this Agreement? The implications of not approving this agreement is that student's eligibility of special education and psychological services will not be implemented in accordance to their IEP

**Rev: 8/2021**



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 26<sup>th</sup> day of August, 2022 effective the 13<sup>th</sup> day of September, 2022 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 \$30,000 for a maximum of and for a total of 30 assessments.

The maximum amount the contractor shall be paid under this agreement: **Thirty Thousand Dollars (\$30,000)**. 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 **ESSER II – ARP IDEA Program** of the New Haven Board of Education, **Account Number: 2554-6404-56903** (*pending receipt of funds*) **Location Code: 0490**

This agreement shall remain in effect from September 13, 2022 to June 30, 2023.

**SCOPE OF SERVICE:**

Dr. Bina Roginsky will conduct 30 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 Kate Anibaldi and be completed at a rate of \$1,000.00 per psychological evaluation.

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

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

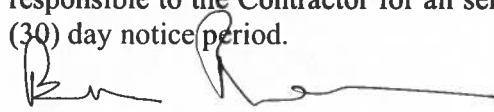
**Exhibit A: Scope of Service:** Please attach contractor's detailed Scope of Service with all costs for services including travel and supplies, if applicable.

**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

09/02/2022

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Bina Roginsky

\_\_\_\_\_  
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



## **Bina Roginsky**

Licensed Clinical Psychologist  
Board Certified Behavior Analyst

245 Amity Road #209  
Woodbridge, CT 06525  
Phone: 203-848-7590

[Dr.Roginsky@PsychologyEval.com](mailto:Dr.Roginsky@PsychologyEval.com)  
Website: [www.PsychologyEval.com](http://www.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.

### **Clinical Experience:**

January 2011 – present

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

- Independent practitioner in private practice, holding numerous contracts and partnerships with local entities
- Conduct psychological assessments and evaluations for various school districts through the state, independently and in partnership with Ed Advance
- Contract holder with CSSD – Juvenile Court services to conduct court-ordered forensic assessments, including evaluation of inappropriate sexual behaviors (ISBs)
- Conduct psychological assessments and evaluations for the Department of Children and Families and in partnership with non-profit agencies throughout the state
- Consult with Westminster School Health Center, providing educational and psychological assessments to assist students with required academic and emotional supports

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

September 2006-May 2007

### **Practicum Student**

#### **Community Mental Health Affiliates**

New Britain, Connecticut

- Caseload of 12-14 clients, aged 3-17 years
  - Provide individual, family, and group psychotherapy, utilizing solution-focused and cognitive behavioral techniques
  - Conduct intakes, treatment planning, and case management
  - Didactic training focusing on differential diagnosis, trauma focused treatment, and state and federal regulation
- Supervisor: Deborah Kustron, PsyD

June 2006 - May 2007

### **Substance Abuse Counselor II, Shift**

#### **Supervisor**

#### **Alcohol and Drug Recovery Services, Inc.**

Hartford, Connecticut

- Team leader in early recovery inpatient unit of 35 adults, aged 18-65
- Provide individual and group therapy utilizing motivational enhancement, cognitive behavioral techniques,

psycho-education, and relapse prevention

- On-shift supervisor to Bachelor's level counselors, counselor trainees, and residential staff, including multidisciplinary team involvement.

Supervisor: Hebe Kudisch, PhD

May 2006 - August 2006

**Practicum Student**  
**Blue Hills Substance Abuse Services/  
Cedarcrest Hospital**  
Newington, Connecticut

- Treatment of adult clients with severe, chronic mental illnesses in 3 units of a hospital and a substance abuse treatment facility
- Facilitation of group therapy focusing on dialectical behavior therapy and symptoms management
- Conducted diagnostic assessments including emotional, cognitive, and neuropsychological screening measures
- Conducted functional behavior analysis for clients with inappropriate social and self-injurious behaviors
- Implemented neurocognitive rehabilitation research protocol in collaboration with the Institute of Living/Hartford Hospital, including logistical planning, organization of materials, and neuropsychological testing of clients with schizophrenia and schizoaffective disorders.
- Received didactic training in dialectical behavior therapy, mindfulness techniques, seeking safety, and culturally sensitive assessment

Supervisor: Richard Stillson, PhD

Sept 2005 - May 2006

**Practicum Student**  
**Connecticut Children's Medical Center,  
Child Guidance Clinic/Southington Schools**

Hartford/Southington, Connecticut

- Biweekly assessments of children and adolescents, aged 6 to 18
- Conducted assessments to evaluate cognitive, social, and emotional functioning
- Conducted functional behavior analysis for children aged 6-10 years with attention difficulties and disruptive behaviors in the classroom
- Facilitation of group therapy focusing on anger management, self-esteem, social skills, and stress reduction
- Presented testing results and treatment recommendation with multidisciplinary team at Planning and Placement Team meetings
- Received didactic training on assessing and diagnosis Attention Deficit Hyperactivity Disorder (ADHD) and implementing social skills groups

Supervisors: Robert Riccio, PhD

Jill Blewitt, MA, NCSP

April 2005 - August 2005

**Practicum Student**  
**Connecticut Pediatric Neuropsychology  
Associates**

West Hartford, Connecticut

- Biweekly assessments of children and adolescents, aged 4 to 18
- Administration and scoring of cognitive and neuropsychological testing batteries
- Assistance in summarizing information, formulating hypotheses, and integrating data to construct diagnoses and treatment recommendations for children, families, and school systems.
- Received supervision and training regarding testing, consultation, neurological and learning disabilities from professionals in small private group practice

Supervisors: Gregory Javornisky, PhD

Arielle Albert, PhD

**Teaching Experience:**

September 2010 – October 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 – March 2017

**Adjunct Professor**  
**Purdue Global Online**  
**Department of Psychology**  
Online course

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

*Dr. Bina Roginsky*

P S Y C H O L O G I S T

Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Rina Roginsky**

2 Business name/disregarded entity name, if different from above  
**Psychological Assessment Services, LLC**

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
Payee to account maintained outside the U.S.

5 Address (number, street, and apt. or suite no.)  
**245 Amity Road #209**

6 City, state, and ZIP code  
**Woodbridge CT 06525**

7 List account number(s) here (optional)

Requester's name and address (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 generally 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**

27	-	4633859
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**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

**Sign Here** Signature of U.S. person ▶ *Rina Roginsky* Date ▶ *11/16/2015*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.  
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1088 (from mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

## CONTRACTOR ASSESSMENT

Vendor Name: Bilingual Special Education Services of CT, (Amparo Rinaldi, MS. Ed. NCSP)

Project Description: To conduct Psychological evaluations for special education eligible students.

Evaluator Typhanie Jackson

Date July 26, 2022

	Unacceptable			Excellent		Not applic
	1	2	3	4	5	N/A
<b>Quality of contractor's Work</b>						
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	
<b>Working relationship of contractors with district</b>						
6. Timely submission of department data					X	
7. Positive feedback from staff and families					X	
8. Collegial, collaborative relationships with building professionals					X	
<b>Implementation of practice across the district</b>						
9. Flexibility in scheduling					X	
10. Team work with teacher and other professionals					X	
11. Individual/building training of social emotional behavioral strategies					X	