I. The Putnam Valley Central School District is requesting proposals for Occupational Therapy Services for the fiscal year beginning July 1, 2017, with the option of extending the relationship each in subsequent years.

A. GENERAL

There is no expressed or implied obligation for the Putnam Valley Central School District to reimburse responding vendors for any expenses incurred in preparing proposals in response to this request for proposal.

To be considered, three copies of a proposal must be received by Jill Figarella, District Treasurer, 146 Peekskill Hollow Road, Putnam Valley, New York, 10579, by noon on May 8, 2017. The Putnam Valley Central School District reserves the right to reject any or all proposals submitted.

During the evaluation process, the Putnam Valley Central School District reserves the right to request additional information and clarification from vendors or to allow corrections of errors or omissions. At the discretion of the Putnam Valley Central School District, vendors submitting proposals may be requested to make oral presentations as part of the evaluation process at a time determined by the District.

Following the notification of the selected vendor, a contract will be executed between both parties.

B. TERM OF ENGAGEMENT

A one-year contract is contemplated, subject to the annual review and recommendation of the Assistant Superintendent, the District Treasurer, the Superintendent of Schools and the Board of Education.

II. Please attach the information described below and any additional information that may help us profile you as a vendor.

A. DEMONSTRATION OF OCCUPATIONAL THERAPY SERVICES

Statements, examples and references of work done as a provider of Occupational Therapy must be attached.

B. VENDOR QUALIFICATIONS AND EXPERIENCE

The vendor should state the size of the vendor, the location of the office from which the work on this engagement will take place and the number of the professional staff to be employed in this engagement.
If the vendor is a joint venture or consortium, the qualifications of each vendor comprising the joint venture or consortium should be separately identified and the vendor that is to serve as the principal vendor should be noted, if applicable.

Describe the vendor’s experience in providing Occupational Therapy services, knowledge of and compliance with the “Family Rights and Privacy Act” (FERPA) as well as the Health Insurance Portability & Accountability act of 1996 (HIPAA).

The vendor shall provide evidence of sufficient amounts of liability insurance covering the activities of each provider of service.

C. PARTNER, SUPERVISORY & STAFF QUALIFICATIONS AND EXPERIENCE

Identify the provider(s) of Occupational Therapy assigned to the project. Provide information on the experience of each person including:

1. Information on previous experience
2. Documentation on special education training and/or experience
3. Verification of current professional licensure
4. Evidence of health status
5. Clearance for employment from the State Education Department prior to employment based upon a fingerprint and criminal history background check.

III. Nature of service required.

A. SCOPE OF WORK TO BE PERFORMED

The contractor shall provide the following services during the contract period:

• Performs initial and annual screening, evaluation and consultation for students referred to the program;
• Provides therapy to students identified in need of service including implementation of sensory processing techniques, fine motor activities and visual perception motor planning;
• Develops school-based goals, treatment objectives and therapeutic activities and tasks to be incorporated into the student’s individualized education plan;
• Implements pediatric occupational therapy and/or oversees activities implemented by therapy assistants, providing supervision and guidance as necessary;
• Maintains written case notes and other written documentation as required by school policy or by state law;
• Attends and participates in staff conferences on students’ needs and progress;
• Communicates with physicians, teachers, classroom support staff, and other staff who have student contact to ascertain progress or additional needs;
• Develops home based programs where appropriate;
• Assesses and makes recommendations regarding adaptive and orthotic equipment needs and monitors equipment status;
• Conducts regular staff meetings with therapy assistants to review student progress and to adjust goals and activities as necessary;
• Performs a variety of related activities as required.
  Consultants identified in response to this request for proposal can only be changed with the
  express prior written permission of the Putnam Valley Central School District, which retains the
  right to approve or reject replacements.

**COST WILL NOT BE THE PRIMARY FACTOR IN SELECTION OF A VENDOR.**

The Putnam Valley Central School District reserves the right to retain all proposals submitted.

Vendors should send the completed proposal to the following address:

Putnam Valley Central Schools
146 Peekskill Hollow Road
Putnam Valley, New York 10579
ATT: Jill Figarella
**2017-2018 PROPOSAL**

We/I agree to provide Occupational Therapy Services as outlined in the Request for Proposal in accordance with the following fee structure.

Hourly Rates for engagements

$_____________________

(Therapy sessions range from 30-40 minutes as identified on the students IEP)

List name, title and hourly rate for all personnel that will be assigned to the District:

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<th>Name</th>
<th>Title</th>
<th>Hourly Rate</th>
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Officer of Company (Signature)_________________________Title_________________________

Company Name_________________________________________Telephone Number_________________

Address________________________________________________Fax Number_________________________

Address________________________________________________Date__________________________

The successful bidder will be required to enter into a contract with the Putnam Valley Central School District provided by the District.