

**REFERENCE QUESTIONNAIRE
 PUERTO RICO DEPARTMENT OF EDUCATION
 RFP NO. OSIATD-FY2018-002-MOBILE DEVICES, PROFESSIONAL DEVELOPMENT AND
 PROJECT MANAGEMENT**

REFERENCE NAME: Asociación de Escuelas Privadas

PROPOSER (VENDOR) NAME : SM, Inc.

Section I. RATING

Using the Rating Scale provided below, rate the following numbered items by circling the appropriate number for each item:

RATING SCALE

CATEGORY	SCORE
Poor or Inadequate Performance	0
Below Average	1 – 3
Average	4 – 6
Above Average	7 - 9
Excellent	10

1. Rate the overall quality of the vendor’s services:

10 9 8 7 6 5 4 3 2 1 0

2. Rate the response time of this vendor:

10 9 8 7 6 5 4 3 2 1 0

3. Rate how well the agreed upon, planned schedule was consistently met and deliverables provided on time. *(This pertains to delays under the control of the vendor):*

10 9 8 7 6 5 4 3 2 1 0

4. Rate the overall customer service and timeliness in responding to customer service inquiries, issues and resolutions:

10 9 8 7 6 5 4 3 2 1 0

5. Rate the knowledge of the vendor’s assigned staff and their ability to accomplish duties as contracted:

10 9 8 7 6 5 4 3 2 1 0

6. Rate the accuracy and timeliness of the vendor's billing and/or invoices:

10 9 8 7 6 5 4 3 2 1 0

7. Rate the vendor's ability to resolve a problem related to the services provided quickly and effectively:

10 9 8 7 6 5 4 3 2 1 0

8. Rate the vendor's flexibility in meeting changing business requirements:

10 9 8 7 6 5 4 3 2 1 0

9. Rate the likelihood of your company/organization recommending this vendor to others in the future:

10 9 8 7 6 5 4 3 2 1 0

Section II. GENERAL INFORMATION

1. Please include a brief description of the products and services provided by this vendor for your business/organization and any other comments you would like to provide:

SM ha coordinado algunos talleres profesionales a través de los años en los que efectuamos mensualmente y en nuestro Congreso Educativo anual. Se ha caracterizado por ser una empresa seria y responsable, todas sus recursos han sido excelentes.

2. During what time period did the vendor provide these services for your business?

Month: Year: to Month: Year:

*Llevar varios años colaborando con la Asoc. de Educación Privada **Recomiendo a SM sin reservas.

Section III. ACKNOWLEDGEMENT

I affirm to the best of my knowledge that the information I have provided is true, correct, and factual:

Ivette Nater Prieto Signature of Reference

1 de octubre de 2018 Date

Ivette Nater Prieto Print Name

Directora Ejecutiva Title Asoc. de Educación Privada

(787) 722-6501 Phone Number

iveaep@aeppr.org Email address