REFERENCE QUESTIONNAIRE

PUERTO RICO DEPARTMENT OF EDUCATION PRDE-OSIATD-2018-2004-STUDENT INFORMATION SYSTEM (SIS)

REFERENCE NAME (Company/Organization):

ST. EUPHRASIA SCHOOL

PROPOSER (VENDOR) NAME: <u>LS Innovative Education Centers in association with Gradelink</u> intends to submit a proposal to Puerto Rico Department of Education in response to PRDE's RFP PRDE-OSIATD-2018-004-STUDENT INFORMATION SYSTEM (SIS).

INSTRUCTIONS TO INDIVIDUAL COMPLETING REFERENCE QUESTIONNAIRE:

- 1. Complete **Section I. RATING** using the Rating Scale provided.
- 2. Complete Section II. GENERAL INFORMATION (This section is for information only and will not be scored.)
- 3. Complete **Section III. ACKNOWLEDGEMENT** by manually signing and dating the document. (Reference documents must include a manual actual signature.)
- 4. E-mail **THIS PAGE** and your completed reference document, **SECTIONS I through III** to SIS RFP @de.pr.gov.
- 5. References received without a manual signature will not be accepted.
- 6. DO **NOT** return this document to the Proposer (Vendor).
- 7. The Puerto Rico Department of Education (PRDE) may contact references by phone for further clarification if necessary.

FORM 5 CONTINUED: REFERENCE QUESTIONNAIRE PUERTO RICO DEPARTMENT OF EDUCATION PRDE-OSIATD-2018-2004-STUDENT INFORMATION SYSTEM (SIS)

R	EFERE	NC	ENAN	IE:	<u>S7</u>		EW	PHR	ASI	A S	3CH06L			
PROPOSER (VENDOR) NAME: LS Innovative Education Centers in association with Gradelink														
S	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			
			Excel	lent			10							
1.	Rate	the	overal	quali	ty of t	he ve	ndor'	s servi	ices:					
	(10)	9	8	7	6	5	4	3	2	1	0			
2.	Rate	the	respor	nse tin	ne of t	his ve	endor							
	(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 contra			edge o	of the	vendo	or's a	ssigne	ed sta	ff and	d their ability to accomplish duties as			
	10	9	8	7	6	5	4	3	2	1	0			

6.	Rate										
	10	9	8	7	6	5	4	3	2	1	0
7.		the v tively		's abil	lity to	resol	ve a p	roble	m rela	ated t	o the services provided quickly and
	10	9	8	7	6	5	4	3	2	1	0
8.	Rate	the v	endor	's flex	ibility	in me	eeting	chan	iging b	ousin	ess requirements:
	10	9	8	7	6	5	4	3	2	1	0
9.	Rate future		keliho	od of	your	comp	any/o	rganiz	zation	reco	mmending this vendor to others in the
	(10)	9	8	7	6	5	4	3	2	1	0
S	ection	II. GF	NER	ΔΙ ΙΝ	FORM	MATI	ON				
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Section III. ACKNOWLEDGEMENT		
I affirm to the best of my knowledge the true, correct, and factual:	nat the information I have provided is	
May Bland Signature of Reference	/-/5-/9 Date	
Mary B. Blair	School Principal	
Print Name	Title	
818-363-5515 ext. 12		
Phone Number		
mblair@stemail.org		
Email address		