REFERENCE QUESTIONNAIRE

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

REFERENCE NAME (Company/Organization):

PROPOSER (VENDOR) NAME:

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.)
- E-mail <u>THIS PAGE</u> and your completed reference document, <u>SECTIONS I through III</u> to SIS RFP @de.pr.gov.
- 5. This completed document <u>MUST</u> be received no later than <u>4:00 p.m. on January 2, 2019</u> AST. Reference documents received after this time will not be considered. 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.

P.O. BOX 5379

San Sebestién, Puerto Rice 65665

Tel.: (787) 896-7389

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

PROPOSER (VENDOR) NAME:

issues and resolutions:

10

contracted:

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									S	CORE		
	Poor or Inadequate Performance											0		
	Below Average											1 – 3		
	Average											4 – 6		
		Above Average										7 - 9		
			Excell	ent								10		
1.	Rate	e the	overal	qual	ity of t	the ve	ndor's	s serv	ices:					
	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):										es			
	10	9	8	7	6	5	4	3	2	1	0			
4.	Rate	e the	overal	l cust	omer	servic	e and	l time	liness	in re	spo	onding to customer service inc	uiries,	

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

6.	Rate	the ac	curac	cy and	time	iness	of the	e vend	dor's	oiiiing	g and/or invoices:
	10	9	8	7	6	5	4	3	2	1	0
7.		the ve	ndor'	s abili	ity to r	esolv	e a pr	oblen	n rela	ted to	to the services provided quickly and
	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 future		eliho	od of	your c	ompa	iny/or	ganiz	ation	reco	ommending this vendor to others in the
	10	9	8	7	6	5	4	3	2	1	0
Se	ction	II. GE	NER/	AL IN	FORM	MATIC	N				
1.	your CAN OCC	busin Sa Sa Sa Sa Sa	es (U) at tim	un un un un un un un un un un	The state of the s	and a	any ot Little a e me	ther c	omme uelo o e	ents	d services provided by this vendor for you would like to provide: Oringto un excelent La planticación en en your valur bara los eservices for your business? Month: May Year: 2018

Section III. ACKNOWLEDGEMENT

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

Title

Signature of Reference

