

**FORM 5 CONTINUED: REFERENCE QUESTIONNAIRE  
PUERTO RICO DEPARTMENT OF EDUCATION  
PRDE OSIATD-FY2018-004 – STUDENT INFORMATION SYSTEM (SIS)**

REFERENCE NAME: Dra. Amaralis Caro / Department of Education

PROPOSER (VENDOR) NAME: LS Innovative Education Center, 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:

*Service to Spanish Learners and immigrants.  
Tutoring - seminars, one to one teaching*

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

Month: dec Year: 2017 to Month: 06 Year: 2018

**Section III. ACKNOWLEDGEMENT**

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

  
Signature of Reference

10/12/18  
Date

Dr Amadoris Caro-Caro  
Print Name

Title III Academic Director  
Title

787-363-0118  
Phone Number

caro@de.pr.gov  
Email address

**FORM 5 CONTINUED: REFERENCE QUESTIONNAIRE  
PUERTO RICO DEPARTMENT OF EDUCATION  
PRDE OSIATD-FY2018-004 – STUDENT INFORMATION SYSTEM (SIS)**

REFERENCE NAME: Dr. Miguel A. Dávila Pérez / Department of Education

PROPOSER (VENDOR) NAME: LS Innovative Education Center, 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:

Professional development for teachers

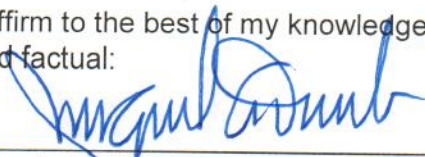
2. During what time period did the vendor provide these services for your business?

Month: june Year: 2018 to Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Section III. ACKNOWLEDGEMENT**

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



Signature of Reference

Miguel A. Dávila Priz

Print Name

(787) 773-3511

Phone Number

danilapmi@de.pr.gov

Email address

12/10/2018

Date

Early Childhood Education Program Director

Title