REFERENCE QUESTIONNAIRE

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

REFERENCE NAME (Company/Organization):

SAINT TERESA OF AVILA SCHOOL
LOS ANGELES, CALIFORNIA

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.)
- E-mail <u>THIS PAGE</u> and your completed reference document, <u>SECTIONS I through III</u> to <u>SIS RFP @de.pr.gov.</u>
- 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)

REFERENCE NAME: CHRISTING FERNANDEZ-CASO, PRINCIPAL

BAINT TERESA OF ANILA SCHOOL, LOS ANGELES, CA

PROPOSER (VENDOR) NAME: LS Innovative Education Centers in association with Gradelink

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

		L	Above	e Aver	age						7 - 9		
			Excell	ent							10]	
1.	Rate	the	overal	l quali	ty of t	he ve	endor's	serv	ices:				
	10	9	8	7	6	5	4	3	2	1	0		
2.	Rate	the i	espor	nse tin	ne of	this v	endor:						
	10	9	8	7	6	5	4	3	2	1	0		
3.											s consistently met		les
	10	9	8	7	6	5	4	3	2	1	0		
1.			overall			servic	e and	timel	iness	in res	sponding to custo	mer service in	quiries,

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

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 ve	endor	's flex	ibility	in me	eting	chan	ging b	ousin	ness requirements:		
	10	9	8	7	6	5	4	3	2	1	0		
9.	Rate future		keliho	od of	your (comp	any/o	rganiz	ation	reco	ommending this vendor to others in the		
	10	9	8	7	6	5	4	3	2	1	0		
Se	ection	II. GE	NER	AL IN	FOR	NATIO	NC						
1.	your	busir	ness/c	organi	zatior	and	any c	ther c	omm	ents	d services provided by this vendor for you would like to provide:		
G	PADEL	INK	HAS	Be	م د د	UR	STUC	aur .	المالة	FORM	MATTEN SYSTEM PROVIDE FOR		
Be	ades	GEN	es. Ren	US P	eg et	ළව ා - ලැ	SDC NEER	PROG	es wi	TH IF	HEIR PRODUCT OF MAINTAINING STYLEST PROPTS, FAMILY FLAMICIAL PRODUCES,		
18. A.,	wscein so use	es, l	ND AL	LOTH	PA TO I	ebas Nam	COUR	ove ove	IN A Scor	SU SU	DENT INFORMATION SYSTEM, WE CUR ARCHDIOCESIN DECATHLON RUSH.		
		•	_	Year				,	to	М	Month: Year: ZOIQ CWERENTY USE THE SERVICES OF GRAPELINE		

2

3

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

7 6 5

Section III. ACKNOWLEDGEMENT	
I affirm to the best of my knowledge that the true, correct, and fastual:	information I have provided is Jan. 15, 2019
Signature of Reference	Date
CHRISTINA FERNANDEZ- CASO	PRINCIPAL
Print Name	Title
1-323 -642 - 3777 Phone Number	
STAPANTHERS @ gmail. com Email address	