REFERENCE QUESTIONNAIRE

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

REFERENCE NAME (Company/Organi	COLEGIO BILINGÜE DEL NOROESTE				
PROPOSER (VENDOR) NAME: Puerto Rico Department of Education in INFORMATION SYSTEM (SIS).		antillana Inc. RDE's RFP PR	intends to submit a proposal to DE-OSIATD-2018-004-STUDENT		

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

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

COLEGIO BILINGÜE DEL NOROESTE													
PROPOSER (VENDOR) NAME :Ediciones Santillana Inc.													
Se	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											
			_		Inade		0						
	Below Average											1 – 3	
			_	verag	_							4-6	
			_		Avera	ge						7 - 9	
	Excellent 10												
1.	Rate	the	٥v	erall (quality	of th	ne ver	ndor's	servi	ces:			
	10	9	ŀ	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	
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 a	ccura	cy and	l time	elines	s of th	e ver	ndor's	billir	ng and	or inv	oices:		
	10	9	8	7	6	5	4	3	2	1	0				
7 5		the v		's abili	ty to	resol	ve a p	roble	m rel	ated	to the	servic	es provided o	quickly a	ind
	10	9	8	7	6	5	4	3	2	1	0				
8.	Rate	the v	endor	's flexi	bility	in m	eeting	chan	ging	busir	ness re	equirer	ments:		
	10	9	8	7	6	5	4	3	2	1	0				
9.	Rate futur		ikeliho	od of	your	comp	any/o	rgani	zatior	reco	omme	nding 1	this vendor to	others	in the
	10	9	8	7	6	5	4	3	2	1	0				
Se	ction	II. G	ENER	AL IN	FOR	MATI	ON								
1.	you	r busi	iness/d	organi	zatio	n and	any c	ther	comn	nents	you w	vould I	ovided by thi ike to provide em included seve	e:	
													zed report cards		
-													cations, app for		
fin	ancial	solutio	ns integ	rated to	Mexi	can ba	ınk syst	em (bi	lling),	functio	ons to c	ontrol s	chool collection,	financial	reports, etc
2.	Dur	ing w	hat tin	ne per	iod d	id the	vend	or pro	ovide	thes	e servi	ices fo	r your busine	ess?	
	Mo	onth:_	07	_Year:	201	4			to	i	Month:	07_	Year: <u>2017</u>		

Section III. ACKNOWLEDGEMENT

Phone Number

Email address

ps_torres@hotmail.com

I affirm to the best of my knowledge that the factual:	ne information I have provided is true, correct, and
Sal LZ)	January 8, 2019
Signature of Reference	Date
SANDRA LUZ TORRES VALDES	School Principal & Owner
Print Name	Title
+52 1 (686) 119 1054	