

## SUPPLIER / PRODUCT EVALUATION FORM

The purpose of this evaluation form is to rate a supplier's performance. Completion of this form will aid the Procurement & Warehousing Services Department in determining the quality of goods and/or services purchased for the District. Your input will be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Procurement & Warehousing Services Department  
 Technology and Support Services Center  
 7720 West Oakland Park Boulevard, Sunrise, Florida 33351  
 For assistance with this form, please contact (754) 321-0527 or  
 E-mail to: [charles.high@browardschools.com](mailto:charles.high@browardschools.com)

### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Dr. Nyрма Ortiz  
 Supplier Contact: \_\_\_\_\_  
 Contact Telephone: 954-227-8559

Bid No.: 13-027-1V Purchase Order No.: Various

What was the product / service? Student Psychiatric Services

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivery as Scheduled or Promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. How satisfied are you with the supplier?

1	2	3	4
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Will you use them again? Yes  No

### SECTION 2 – PRODUCT / SERVICE EVALUATION

4. How do you rate their service?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Compliance with Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price as Compared to Similar Products/Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you purchase this service or use this vendor again?

1	2	3	4
Very Unlikely	Unlikely	Probably	Definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*If not, please explain why in comments.

### SECTION 3 – END-USER INPUT

Please share any additional information regarding this supplier or the product / service provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.

\*Comments: Dr. Ortiz is highly vested in the academic and overall progress and success of the students she works with. Her expertise is invaluable in assisting school and district staff with planning for our students with significant social, emotional and behavioral needs.

Evaluation Form Completed By:

Name / Title: Elizabeth Williams  
 School / Department: Exceptional Student Education  
 Contact Telephone: 754-321-3400  
 Participant's Signature: Elizabeth Williams Date: 3/14/16

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### SECTION 1 – SUPPLIER EVALUATION

Supplier Company Name: Dr. Nyrma Ortiz  
 Supplier Contact: \_\_\_\_\_  
 Contact Telephone: 954-227-8559  
 Bid No.: 13-027-1V Purchase Order No.: Various

What was the product / service? Student Psychiatric Services

1. How do you rate the supplier in the following areas?

	1	2	3	4	5
	Poor	Fair	Good	Very Good	Excellent
Overall Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name / Title: Colleen Stearn, Principal  
 School / Department: Cross Creek School  
 Contact Telephone: \_\_\_\_\_  
 Participant's Signature: Colleen Stearn Date: 5/16/16

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3. Will you use them again? Yes  No

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\*Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation Form Completed By:

Name / Title: Mike Gleason Principal  
 School / Department: Whispering Pines  
 Contact Telephone: 954-227-1655  
 Participant's Signature: M. Gleason Date: 5/9/16