



PROCUREMENT & WAREHOUSING SERVICES

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Supplier/Product Evaluation Form

The purpose of this evaluation form is to rate a supplier's performance. 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 forms to:

Procurement & Warehousing Services Department (TSSC Building)
7720 West Oakland Park Boulevard, Suite 323
Sunrise, Florida 33351

For assistance with this form contact us at (754) 321-0505 or [CLICK HERE](#) to send us an email (include the words **Supplier/Product Evaluation Form** in the subject)

GENERAL INFORMATION																															
Bid #: 18-003V	Bid Title: Student Psychiatric Services																														
Purchase Order #:	Product/Service Provided: Psychiatric Services																														
Supplier (Company) Name: Dr. Nyrma Ortiz																															
Contact Name: Dr. Nyrma Ortiz	Contact Phone #: () -																														
SECTION 1: SUPPLIER EVALUATION																															
1.) How would you rate the supplier in the following areas?																															
	<table border="0"> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td></td> <td>Poor</td> <td>Fair</td> <td>Good</td> <td>Very Good</td> <td>Excellent</td> </tr> <tr> <td>Overall customer service</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Delivery as scheduled or promised</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		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"/>						
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2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																											
3.) Will you use this supplier again?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																														
SECTION 2: PRODUCT / SERVICE EVALUATION																															
4.) Based on the areas below, how would you rate the products/services provided with this Bid?																															
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SECTION 3: END USER COMMENTS																															
Please share any additional information regarding this supplier or the products / services provided. <u>If this supplier's performance is unsatisfactory, please tell us why.</u> You may attach an additional sheet if necessary.																															
EVALUATION FORM COMPLETED BY:																															
Name: Elizabeth Williams	Title: Carr. Supr. ESLS																														
School/Department: Exceptional Student Learning Support (ESLS)	Contact Phone #: 754 321 - 3400																														
Participant's Signature: Elizabeth Williams	Date: 1/18																														