



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 #: 18-001V	Bid Title: Speech-Language Pathology and Audiology Services
Purchase Order #:	Product/Service Provided: Speech & Audiology Services
Supplier (Company) Name: The Execu-Search Group	
Contact Name: Jason Niad	Contact Phone #: (212) 204 - 5102

SECTION 1: SUPPLIER EVALUATION

1.) How would 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 type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.) Will you use this supplier again? Yes No

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?

	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 type="checkbox"/>
Quality as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4
	Very Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this product/service again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Debra Harrington	Title: Curriculum Supervisor	Contact Phone #: (754) 321 - 3457
School/Department: Exceptional Student Learning Support		
Participant's Signature:		Date:



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 #: 18-001V	Bid Title: Speech-Language Pathology and Audiology Services												
Purchase Order #:	Product/Service Provided: Speech & Audiology Services												
Supplier (Company) Name: Sunbelt Staffing													
Contact Name: Catheryne Budzian	Contact Phone #: (813) 792 - 3410												
SECTION 1: SUPPLIER EVALUATION													
1.) How would you rate the supplier in the following areas?													
	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 10%; text-align: center;">4</td> <td style="width: 10%; text-align: center;">5</td> </tr> <tr> <td></td> <td style="text-align: center;">Poor</td> <td style="text-align: center;">Fair</td> <td style="text-align: center;">Good</td> <td style="text-align: center;">Very Good</td> <td style="text-align: center;">Excellent</td> </tr> </table>		1	2	3	4	5		Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5								
	Poor	Fair	Good	Very Good	Excellent								
Overall customer service	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Delivery as scheduled or promised	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 10%; text-align: center;">4</td> </tr> <tr> <td></td> <td style="text-align: center;">Not Satisfied</td> <td style="text-align: center;">Somewhat Satisfied</td> <td style="text-align: center;">Satisfied</td> <td style="text-align: center;">Very Satisfied</td> </tr> </table>		1	2	3	4		Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied		
	1	2	3	4									
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied									
2.) How satisfied are you with the supplier?	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
3.) Will you use this supplier again?	<input 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?													
	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 10%; text-align: center;">4</td> <td style="width: 10%; text-align: center;">5</td> </tr> <tr> <td></td> <td style="text-align: center;">Poor</td> <td style="text-align: center;">Fair</td> <td style="text-align: center;">Good</td> <td style="text-align: center;">Very Good</td> <td style="text-align: center;">Excellent</td> </tr> </table>		1	2	3	4	5		Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5								
	Poor	Fair	Good	Very Good	Excellent								
Compliance with specifications	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Quality as compared to similar products/services	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Prices as compared to similar products/services	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 10%; text-align: center;">4</td> </tr> <tr> <td></td> <td style="text-align: center;">Very Unlikely</td> <td style="text-align: center;">Unlikely</td> <td style="text-align: center;">Probably</td> <td style="text-align: center;">Definitely</td> </tr> </table>		1	2	3	4		Very Unlikely	Unlikely	Probably	Definitely		
	1	2	3	4									
	Very Unlikely	Unlikely	Probably	Definitely									
5.) Would you purchase this product/service again?	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
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: Debra Harrington	Title: Curriculum Supervisor												
Contact Phone #: (754) 321 - 3457													
School/Department: Exceptional Student Learning Support													
Participant's Signature:	Date:												



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 #: 18-001V	Bid Title: Speech-Language Pathology and Audiology Services
Purchase Order #:	Product/Service Provided: Speech & Audiology Services
Supplier (Company) Name: RCM Healthcare Services	
Contact Name: Michael Saks	Contact Phone #: (917) 286 - 5141

SECTION 1: SUPPLIER EVALUATION

1.) How would 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 type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.) Will you use this supplier again?	<input 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?

	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 type="checkbox"/>
Quality as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4
	Very Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this product/service again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Debra Harrington	Title: Curriculum Supervisor	Contact Phone #: (754) 321 - 3457
School/Department: Exceptional Student Learning Support		
Participant's Signature:		Date:



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 #: 18-001V	Bid Title: Speech-Language Pathology and Audiology Services												
Purchase Order #:	Product/Service Provided: Speech & Audiology Services												
Supplier (Company) Name: Orange Tree Staffing													
Contact Name: Mardly Perez-Smith	Contact Phone #: (407) 388 - 4010												
SECTION 1: SUPPLIER EVALUATION													
1.) How would you rate the supplier in the following areas?													
	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">2</td> <td style="width: 20%; text-align: center;">3</td> <td style="width: 20%; text-align: center;">4</td> <td style="width: 20%; text-align: center;">5</td> </tr> <tr> <td></td> <td style="text-align: center;">Poor</td> <td style="text-align: center;">Fair</td> <td style="text-align: center;">Good</td> <td style="text-align: center;">Very Good</td> <td style="text-align: center;">Excellent</td> </tr> </table>		1	2	3	4	5		Poor	Fair	Good	Very Good	Excellent
	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 type="checkbox"/>												
Delivery as scheduled or promised	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">2</td> <td style="width: 20%; text-align: center;">3</td> <td style="width: 20%; text-align: center;">4</td> </tr> <tr> <td></td> <td style="text-align: center;">Not Satisfied</td> <td style="text-align: center;">Somewhat Satisfied</td> <td style="text-align: center;">Satisfied</td> <td style="text-align: center;">Very Satisfied</td> </tr> </table>		1	2	3	4		Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied		
	1	2	3	4									
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied									
2.) How satisfied are you with the supplier?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
3.) Will you use this supplier again?	<input 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?													
	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">2</td> <td style="width: 20%; text-align: center;">3</td> <td style="width: 20%; text-align: center;">4</td> <td style="width: 20%; text-align: center;">5</td> </tr> <tr> <td></td> <td style="text-align: center;">Poor</td> <td style="text-align: center;">Fair</td> <td style="text-align: center;">Good</td> <td style="text-align: center;">Very Good</td> <td style="text-align: center;">Excellent</td> </tr> </table>		1	2	3	4	5		Poor	Fair	Good	Very Good	Excellent
	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 type="checkbox"/>												
Quality as compared to similar products/services	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
Prices as compared to similar products/services	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">1</td> <td style="width: 20%; text-align: center;">2</td> <td style="width: 20%; text-align: center;">3</td> <td style="width: 20%; text-align: center;">4</td> </tr> <tr> <td></td> <td style="text-align: center;">Very Unlikely</td> <td style="text-align: center;">Unlikely</td> <td style="text-align: center;">Probably</td> <td style="text-align: center;">Definitely</td> </tr> </table>		1	2	3	4		Very Unlikely	Unlikely	Probably	Definitely		
	1	2	3	4									
	Very Unlikely	Unlikely	Probably	Definitely									
5.) Would you purchase this product/service again?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
SECTION 3: END USER COMMENTS													
Please share any additional information regarding this supplier or the products / services provided. If this supplier's performance is unsatisfactory, please tell us why. You may attach an additional sheet if necessary.													
EVALUATION FORM COMPLETED BY:													
Name: Debra Harrington	Title: Curriculum Supervisor												
Contact Phone #: (754) 321 - 3457													
School/Department: Exceptional Student Learning Support													
Participant's Signature:	Date:												



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 #: 18-001V	Bid Title: Speech-Language Pathology and Audiology Services												
Purchase Order #:	Product/Service Provided: Speech & Audiology Services												
Supplier (Company) Name: MG Therapy													
Contact Name: Maria Gurfinkel	Contact Phone #: (954) 560 - 1665												
SECTION 1: SUPPLIER EVALUATION													
1.) How would you rate the supplier in the following areas?													
	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 10%; text-align: center;">4</td> <td style="width: 10%; text-align: center;">5</td> </tr> <tr> <td></td> <td style="text-align: center;">Poor</td> <td style="text-align: center;">Fair</td> <td style="text-align: center;">Good</td> <td style="text-align: center;">Very Good</td> <td style="text-align: center;">Excellent</td> </tr> </table>		1	2	3	4	5		Poor	Fair	Good	Very Good	Excellent
	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 type="checkbox"/>												
Delivery as scheduled or promised	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 10%; text-align: center;">4</td> </tr> <tr> <td></td> <td style="text-align: center;">Not Satisfied</td> <td style="text-align: center;">Somewhat Satisfied</td> <td style="text-align: center;">Satisfied</td> <td style="text-align: center;">Very Satisfied</td> </tr> </table>		1	2	3	4		Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied		
	1	2	3	4									
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied									
2.) How satisfied are you with the supplier?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
3.) Will you use this supplier again?	<input 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?													
	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 10%; text-align: center;">4</td> <td style="width: 10%; text-align: center;">5</td> </tr> <tr> <td></td> <td style="text-align: center;">Poor</td> <td style="text-align: center;">Fair</td> <td style="text-align: center;">Good</td> <td style="text-align: center;">Very Good</td> <td style="text-align: center;">Excellent</td> </tr> </table>		1	2	3	4	5		Poor	Fair	Good	Very Good	Excellent
	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 type="checkbox"/>												
Quality as compared to similar products/services	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
Prices as compared to similar products/services	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 10%; text-align: center;">4</td> </tr> <tr> <td></td> <td style="text-align: center;">Very Unlikely</td> <td style="text-align: center;">Unlikely</td> <td style="text-align: center;">Probably</td> <td style="text-align: center;">Definitely</td> </tr> </table>		1	2	3	4		Very Unlikely	Unlikely	Probably	Definitely		
	1	2	3	4									
	Very Unlikely	Unlikely	Probably	Definitely									
5.) Would you purchase this product/service again?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
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: Debra Harrington	Title: Curriculum Supervisor												
Contact Phone #: (754) 321 - 3457													
School/Department: Exceptional Student Learning Support													
Participant's Signature:	Date:												



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 #: 18-001V	Bid Title: Speech-Language Pathology and Audiology Services												
Purchase Order #:	Product/Service Provided: Speech & Audiology Services												
Supplier (Company) Name: Invo Healthcare													
Contact Name: Matt Stringer	Contact Phone #: (703) 599 - 3975												
SECTION 1: SUPPLIER EVALUATION													
1.) How would you rate the supplier in the following areas?													
	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td></td> <td style="text-align: center;">Poor</td> <td style="text-align: center;">Fair</td> <td style="text-align: center;">Good</td> <td style="text-align: center;">Very Good</td> <td style="text-align: center;">Excellent</td> </tr> </table>		1	2	3	4	5		Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5								
	Poor	Fair	Good	Very Good	Excellent								
Overall customer service	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Delivery as scheduled or promised	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td></td> <td style="text-align: center;">Not Satisfied</td> <td style="text-align: center;">Somewhat Satisfied</td> <td style="text-align: center;">Satisfied</td> <td style="text-align: center;">Very Satisfied</td> </tr> </table>		1	2	3	4		Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied		
	1	2	3	4									
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied									
2.) How satisfied are you with the supplier?	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
3.) Will you use this supplier again?	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table>		<input type="checkbox"/> Yes	<input type="checkbox"/> No									
	<input 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?													
	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td></td> <td style="text-align: center;">Poor</td> <td style="text-align: center;">Fair</td> <td style="text-align: center;">Good</td> <td style="text-align: center;">Very Good</td> <td style="text-align: center;">Excellent</td> </tr> </table>		1	2	3	4	5		Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5								
	Poor	Fair	Good	Very Good	Excellent								
Compliance with specifications	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Quality as compared to similar products/services	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Prices as compared to similar products/services	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td></td> <td style="text-align: center;">Very Unlikely</td> <td style="text-align: center;">Unlikely</td> <td style="text-align: center;">Probably</td> <td style="text-align: center;">Definitely</td> </tr> </table>		1	2	3	4		Very Unlikely	Unlikely	Probably	Definitely		
	1	2	3	4									
	Very Unlikely	Unlikely	Probably	Definitely									
5.) Would you purchase this product/service again?	<table style="width:100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
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: Debra Harrington	Title: Curriculum Supervisor												
Contact Phone #: (754) 321 - 3457													
School/Department: Exceptional Student Learning Support													
Participant's Signature:	Date:												



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 #: 18-001V	Bid Title: Speech-Language Pathology and Audiology Services										
Purchase Order #:	Product/Service Provided: Speech & Audiology Services										
Supplier (Company) Name: EDU Healthcare											
Contact Name: Matthew Lewis	Contact Phone #: (704) 233 - 7181										
SECTION 1: SUPPLIER EVALUATION											
1.) How would you rate the supplier in the following areas?											
	<table border="0"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">Poor</td> <td style="text-align: center;">Fair</td> <td style="text-align: center;">Good</td> <td style="text-align: center;">Very Good</td> <td style="text-align: center;">Excellent</td> </tr> </table>	1	2	3	4	5	Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5							
Poor	Fair	Good	Very Good	Excellent							
Overall customer service	<table border="0"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Delivery as scheduled or promised	<table border="0"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<table border="0"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">Not Satisfied</td> <td style="text-align: center;">Somewhat Satisfied</td> <td style="text-align: center;">Satisfied</td> <td style="text-align: center;">Very Satisfied</td> </tr> </table>	1	2	3	4	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied		
1	2	3	4								
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied								
2.) How satisfied are you with the supplier?	<table border="0"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
3.) Will you use this supplier again?	<table border="0"> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
<input 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?											
	<table border="0"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">Poor</td> <td style="text-align: center;">Fair</td> <td style="text-align: center;">Good</td> <td style="text-align: center;">Very Good</td> <td style="text-align: center;">Excellent</td> </tr> </table>	1	2	3	4	5	Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5							
Poor	Fair	Good	Very Good	Excellent							
Compliance with specifications	<table border="0"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Quality as compared to similar products/services	<table border="0"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Prices as compared to similar products/services	<table border="0"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<table border="0"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">Very Unlikely</td> <td style="text-align: center;">Unlikely</td> <td style="text-align: center;">Probably</td> <td style="text-align: center;">Definitely</td> </tr> </table>	1	2	3	4	Very Unlikely	Unlikely	Probably	Definitely		
1	2	3	4								
Very Unlikely	Unlikely	Probably	Definitely								
5.) Would you purchase this product/service again?	<table border="0"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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: Debra Harrington	Title: Curriculum Supervisor										
Contact Phone #: (754) 321 - 3457											
School/Department: Exceptional Student Learning Support											
Participant's Signature:	Date:										



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 #: 18-001V	Bid Title: Speech-Language Pathology and Audiology Services
Purchase Order #:	Product/Service Provided: Speech & Audiology Services
Supplier (Company) Name: EBS Healthcare Staffing	
Contact Name: John Gumpert	Contact Phone #: (800) 578 - 7906

SECTION 1: SUPPLIER EVALUATION

1.) How would 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 type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.) Will you use this supplier again?	<input 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?

	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 type="checkbox"/>
Quality as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4
	Very Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this product/service again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Debra Harrington	Title: Curriculum Supervisor	Contact Phone #: (754) 321 - 3457
School/Department: Exceptional Student Learning Support		
Participant's Signature:	Date:	



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 #: 18-001V	Bid Title: Speech-Language Pathology and Audiology Services
Purchase Order #:	Product/Service Provided: Speech & Audiology Services
Supplier (Company) Name: Comprehensive Therapy Consultants	
Contact Name: NeShanta Wilburn	Contact Phone #: (770) 425 - 6661

SECTION 1: SUPPLIER EVALUATION

1.) How would 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 type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.) Will you use this supplier again?	<input 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?

	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 type="checkbox"/>
Quality as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4
	Very Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this product/service again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Debra Harrington	Title: Curriculum Supervisor	Contact Phone #: (754) 321 - 3457
School/Department: Exceptional Student Learning Support		
Participant's Signature:		Date:



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 #: 18-001V	Bid Title: Speech-Language Pathology and Audiology Services
Purchase Order #:	Product/Service Provided: Speech & Audiology Services
Supplier (Company) Name: Community Rehab Associates	
Contact Name: Kelly McDonnell	Contact Phone #: (877) 268 - 4329

SECTION 1: SUPPLIER EVALUATION

1.) How would 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 type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.) Will you use this supplier again?	<input 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?

	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 type="checkbox"/>
Quality as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4
	Very Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this product/service again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Debra Harrington	Title: Curriculum Supervisor	Contact Phone #: (754) 321 - 3457
School/Department: Exceptional Student Learning Support		
Participant's Signature:		Date:



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 #: 18-001V	Bid Title: Speech-Language Pathology and Audiology Services
Purchase Order #:	Product/Service Provided: Speech & Audiology Services
Supplier (Company) Name: Boca Speech Center	
Contact Name: Audrey Greenwald	Contact Phone #: (561) 391 - 8444

SECTION 1: SUPPLIER EVALUATION

1.) How would you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.) How satisfied are you with the supplier?

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

3.) Will you use this supplier again?

Yes No

SECTION 2: PRODUCT / SERVICE EVALUATION

4.) Based on the areas below, how would you rate the products/services provided with this Bid?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prices 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 product/service again?

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

SECTION 3- END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Debra Harrington	Title: Curriculum Supervisor	Contact Phone #: (754) 321 - 3457
School/Department: Exceptional Student Learning Support		
Participant's Signature:	Date:	



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 #: 18-001V	Bid Title: Speech-Language Pathology and Audiology Services
Purchase Order #:	Product/Service Provided: Speech & Audiology Services
Supplier (Company) Name: Ardor Health	
Contact Name: Maria Ayguayp-Amador	Contact Phone #: (866) 425 - 5768

SECTION 1: SUPPLIER EVALUATION

1.) How would you rate the supplier in the following areas?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery as scheduled or promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 Not Satisfied	2 Somewhat Satisfied	3 Satisfied	4 Very Satisfied
2.) How satisfied are you with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.) Will you use this supplier again?	<input 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?

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Compliance with specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prices as compared to similar products/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 Very Unlikely	2 Unlikely	3 Probably	4 Definitely
5.) Would you purchase this product/service again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: END USER COMMENTS

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

EVALUATION FORM COMPLETED BY:

Name: Debra Harrington	Title: Curriculum Supervisor	Contact Phone #: (754) 321 - 3457
School/Department: Exceptional Student Learning Support		
Participant's Signature:	Date:	