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

GENERAL INFORM	ATION
Bid #: 18-001V Bid Title: Speech-Language Pathology and	Audiology Services
Purchase Order #: Produ	uct/Service Provided: Speech & Audiology Services
Supplier (Company) Name: The Execu-Search Group	
Contact Name: Jason Niad Cont	act Phone #: (212)204 - 5102
SECTION 1: SUPPLIER E	VALUATION
1.) How would you rate the supplier in the following areas?	
	2 3 4 5
Poor	Fair Good Very Good Excellent
Overall customer service	
Delivery as scheduled or promised	
1	3 4
Not Satisfied	Somewhat Satisfied Very Satisfied
2.) How satisfied are you with the supplier?	
2.3.34(1)	
SECTION 2: PRODUCT / SERV	STATE OF THE STATE
4.) Based on the areas below, how would you rate the prod	
1 D	2 3 4 5 Fair Good Very Good Excellent
Poor Compliance with specifications	Fair Good Very Good Excellent
Quality as compared to similar products/services	
Prices as compared to similar products/services	
	· · · · · · · · · · · · · · · · · · ·
Ve 5.) Would you purchase this product/service again?	ry Unlikely Unlikely Probably Definitely
3.) Would you purchase this producty service again:	
SECTION 3: END USER (COMMENTS
Please share any additional information regarding this supplier of	
performance is unsatisfactory, please tell us why. You	may attach an additional sheet if necessary.
EVALUATION FORM CO	MPLETED BY:
Name: Debra Harrington Title: Curriculum Supervisor	Contact Phone #: (754) 321 - 3457
School/Department: Exceptional Student Learning Support	
Participant's Signature:	Date:

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(754) 321-0505 or <u>CLICK HERE</u>		INFORMATION	ery Product Evaluation	Point in the subject)
Bid #: 18-001V Bid Title:	Speech-Language Patho		ervices	
Purchase Order #:			Provided: Speech & A	udiology Services
Supplier (Company) Name: Sui	nbelt Staffing			and the second second second by the second s
Contact Name: Catheryne Budzi	Carrier of the second contract of the second	Contact Phone	#:(813)792 - 341	TO
	SECTION 1: SU	PPLIER EVALUATIO	The state of the s	
1.) How would you rate the s	upplier in the followir	ng areas?		
		1 2 Poor Fair	3 Good Very	5 Good Excellent
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Delivery as scheduled or pron	nised			
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3.) Will you use this supplier		☐Yes ☐ No		L
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	SECTION 2: PRODUC			
4.) Based on the areas below	, how would you rate	the products/servi	ces provided with th	
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	to T	Poor Fair	Good Very	Good Excellent
Compliance with specification	ıs			
Quality as compared to simila	r products/services			
Prices as compared to similar	products/services			
		1	2	3 4
		Very Unlikely	Unlikely Prob	pably Definitely
5.) Would you purchase this	product/service again	?		
	CECTION 3 EN	DUSER COMMENS		
Please share any additional inf		DUSER COMMENT		If this suppliar's
; ·	sfactory, please tell us v	• • • • • • • • • • • • • • • • • • • •	•	
		,		•
		ORM COMPLETED E		
Name: Debra Harrington	Title: Curriculum St	upervisor	Contact Phone #:	(754) 321 - 3457
School/Department: Exception	al Student Learning Sup	port		
Participant's Signature:	PLE CALLERY CONTRACTOR	ann ann an Aireann an Aireann an Aireann ann an Aireann an Airean Airean Airean Airean (1979 1979 1979 1979 19	Date:	and the same of the field of the same of t

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(754) 321-0505 or <u>CLICK HERE</u> to s	GENERAL			TOGGET EVAIG	acontonii	the subject,
Bid #:18-001V Bid Title: Spee	ech-Language Pathol		and the state of t	ces		
Purchase Order #:				ovided:Speed	ch & Audiolog	y Services
Supplier (Company) Name: RCM He	ealthcare Services			ALL ATT. 12-CA.C. 11 CT. AND APPROXIMENT APPROXIMENT AND APPROXIMENT AND APPROXIMENT APPROXIMENT APPROXIMENT A		
Contact Name: Michael Saks	erra anno anti-renta a de como anti-renta a de como anti-renta de como de como de como de como de como de como	Conta	ct Phone #:	917)286	- 5141	AC PAS TO A STATE MARKET AND ARRESTS CONTINUES AND ARRESTS AND A
	SECTION 1: SUI	PPLIER EV	ALUATION			
1.) How would you rate the suppl	ier in the followin	g areas?				_
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Delivery as scheduled or promised		Ш				
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en e		Not atisfied	Somewha Satisfied	Satist	ied Ver	y Satisfied
2.) How satisfied are you with the		ausneu	Jausneu	Strans	1	
3.) Will you use this supplier again	- · ·	ПYes			.1	I I
				1601		
	ETION 2: PRODUC		74,400-1440-1440-1440-1440-1440-1440-1440		Al-Al-i- Did3	
4.) Based on the areas below, how	w would you rate	_	cts/services		ith this Bia:	F
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Compliance with specifications		Η		님	片	
Quality as compared to similar pro	A STATE OF STATE OF			Н.		
Prices as compared to similar pro-	ducts/services	- L		Ш		
			1	2	3	4 Definited
5.) Would you purchase this prod	ust/somiso again'	100 100 100 100 100 100 100 100 100 100	/ Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this prod	uct/service again		L	L	LJ	<u> </u>
	SECTION 3: EN	D USER 60	DIVINENTS_			
Please share any additional informa						
performance is unsatisfact	tory, please tell us v	<u>vhy.</u> You m	ay attach an a	additional she	et if necessary	∤ ∙
	EVALUATION F	ORIM COM	PETEDEYA			
Name: Debra Harrington	Title: Curriculum Su			ontact Phor	ne #: (754)	321 - 3457
School/Department: Exceptional St	udent Learning Supp	ort	amanna matana arawa a Marina (12 mm			And the section of th
Participant's Signature:		and the second s	n	ate:		VENNETY NOT NOT AND

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(754) 321-0505 or <u>CLICK HERE</u>	-	INFORMATION	ery roduct Evaluation	m r Official the Subject,
Bid #: 18-001V Bid Title:	Speech-Language Patho	MORNING TO THE PROPERTY OF THE	ervices	
Purchase Order #:		Product/Service	Provided: Speech 8	& Audiology Services
Supplier (Company) Name: Or	ange Tree Staffing	au de la Serie de Manuel de Carles de America de Mandale de Carles de America de Mandale de Carles de America de Carles de Car	2.1.5.c	ndina anamin'ny fivondrona dia 22264 (22224). Paris 1224, ao 2224, ao 2224, ao 2224.
Contact Name: Mardly Perez-Sn	nith	Contact Phone	#:(407)388 - 4	-010
	SECTION 14-SU	PPLIER EVALUATIO	1	
1.) How would you rate the s	upplier in the followi	ng areas?		
Overall customer service		1 2 Poor Fair	3 Good Vei	4 5 ry Good Excellent
Delivery as scheduled or pron	nised			
		Not Somew Satisfied Satisfi	Satistied	4 Very Satisfied
2.) How satisfied are you with 3.) Will you use this supplier	h the supplier?	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
	SECTION 2: PRODUC			
4.) Based on the areas below	CONTRACTOR OF THE PROPERTY OF	No. 10 Annual Control of the Control		thic Did?
4.) based on the areas below	, now would you rate	1 2	es provided with	4 5
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Prices as compared to similar	products/services			
• •		1	2	3 4
E \ \Manda van purchasa this	aradust/samisa again	Very Unlikely	Unlikely Pi	robably Definitely
5.) Would you purchase this	product/service again			
NC 1677	ZEGM(0)/, E38E/,	D USER COMMENT	S	
Please share any additional in				ed. <u>If this supplier's</u>
-	isfactory, please tell us s			
	-ANNER AMERINA	ORIV COMPLETED E		
Name: Dahra II				t: (754) 321 - 3457
Name: Debra Harrington	Title: Curriculum S		CONTROLL I DONG H	· 1/34/321 343/
School/Department: Exception	al Student Learning Sup	port		
Participant's Signature:			Date:	

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(754) 321-0505 or <u>CLICK HERE</u>		CIVIL TO SECURE A CONTRACTOR OF THE CONTRACTOR O		roduct Evaic	iation Form III	the subject)
The substitution of the property of the substitution of the substi	GENERAL I	NFORMAT	ION			
Bid #: 18-001V Bid Title: S	peech-Language Pathol			***************************************		
Purchase Order #:		Product	/Service Pro	vided: Spee	ch & Audiolog	y Services
Supplier (Company) Name: MG	Therapy		:	in the state of th	ann ann an a-a-a-a-a-a-a-a-a-a-a-a-a-a-a	
Contact Name: María Gurfinkel			t Phone #: (954)560	- 1665	
	SECTION 1: SUF	PUER EVA	LUATION			
1.) How would you rate the su	pplier in the followin	g areas?				
		1	2	3	4	5
		Poor	Fair	Good	Very Good	Excellent
Overall customer service						
Delivery as scheduled or promi	sed		П			
•		1	2			
		Not	Somewhat	t Satis		4
	- ***)	atisfied	Satisfied	Satis	neu ver	y Satisfied
2.) How satisfied are you with	the supplier?				1	
3.) Will you use this supplier a	gain?	☐Yes	□ No			
	SECTION 2: PRODUC			ON.		
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4.) Based on the areas below,	now would you rate t	ine produc	ts/services	provided w	ith this blu:	_
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Compliance with specifications			Щ.			
Quality as compared to similar	products/services	Ш	Ш			
Prices as compared to similar p	products/services					
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5.) Would you purchase this p	roduct/service again:				-	
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Please share any additional info	SECTION 3: EN			/ condess pro	uidad If+hi ce	upplior's
performance is unsatis						
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TRANSITION OF THE PROPERTY OF						
	EVALUATION FO	DRM COMI	PESTED BY:			
Name: Debra Harrington	Title: Curriculum Su	pervisor	С	ontact Phoi	ne #: (754) 3	321 - 3457
School/Department: Exceptiona	Student Learning Supp	ort			enementari etikustiti. Viderist irretitett	
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Participant's Signature:			มส	ate:		

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(754) 321-0505 or <u>CLICK HERE</u>		ude the wor INFORMA		/Product Eval	uation Form in	the subject)
Bid #: 18-001V Bid Title:	Speech-Language Patho	TO STATE OF THE PARTY OF THE PA		rices		
Purchase Order #:	special Early adder a discontinuo			, , , , ,	ech & Audiolog	v Services
Supplier (Company) Name: Inv	o Healthcare		CONTRACTOR			25. Magaza Magaza (17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
Contact Name: Matt Stringer		Contac	t Phone #:	(703)599	- 3975	i yeriyeniyanin yen isriyasyanaa asaaya aa aanaaa
	SECTION 1: SU	<u></u>				
1.) How would you rate the su	upplier in the followin	g areas?				
		1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Overall customer service						
Delivery as scheduled or prom	ised	1	<u>Г</u>	· 🔲	. ∐ 3	
大 (名) (大) (大)		Not atisfied	Somewh Satisfie	at Satis	-	y Satisfied
2.) How satisfied are you with	the supplier?					
3.) Will you use this supplier a	igain?	Yes	No	1.11		
	SECTION 2: PRODUC	T / SERVIC	E EVALUA	TION		
4.) Based on the areas below,		TO A STATE OF THE PARTY OF THE	NAME OF TAXABLE PARTY O	THE PARTY OF THE P	vith this Bid?	enne introdució de la companya de l
		1	2	. 13 7 7 1	4	5
	1.1	Poor	Fair	Good	Very Good	Excellent
Compliance with specification	S					
Quality as compared to simila	r products/services		n	The last	一	
Prices as compared to similar			H	H	H	H
Thees as compared to similar	produces, services		, 💾		3	4
		Verv	Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this p	oroduct/service again		П	П		
	SECTION 3: EN			, .	1 1 1 1 1 1 1 1 1 1	
Please share any additional inf	ormation regarding this sfactory, please tell us v					
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aturnyk pisangan pisi sakan kapangan pisangan penggapak di aturna saka nadik nadik nana kapangan pisangan kapa					CONTROL STATE OF THE PROPERTY	
	EVALUATION F	ORIVI COM	A STATE OF THE STA			
Name: Debra Harrington	Title: Curriculum Su	pervisor		Contact Pho	ne #: (754) :	321 - 3457
School/Department: Exception	al Student Learning Supp	ort		ment e mine esemblosed a elektrolistik allektrolistik		
Participant's Signature:	الموافق الوقيقية المتكنم والرباح والقواول والروازي والمناف القواوي المتمام والمتمار والمتمار والمتمار والمتمار	erk Colored Colored Colored Programme (1997)		Date:	erano no marem menado escaro 3,7 e 5, e 5, e 5, e 1 e 1 e 1	e. S. Law - P. Ser P. L. Barris December (1982) (1982) (1982)

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	information
Bid #: 18-001V Bid Title: Speech-Language Patho	
Purchase Order #:	Product/Service Provided: Speech & Audiology Services
Supplier (Company) Name: EDU Healthcare	
Contact Name: Matthew Lewis	Contact Phone #: (704) 233 - 7181
SECTION 1: SU	PPLIER EVALUATION
1.) How would you rate the supplier in the following	g areas?
	1 2 3 4 5 Poor Fair Good Very Good Excellent
Overall customer service	
Delivery as scheduled or promised	
	Not Somewhat 3 4
A company of the second of the	atisfied Satisfied Very Satisfied
2.) How satisfied are you with the supplier?	
3.) Will you use this supplier again?	Yes No No
SECTION 2: PRODUC	T / SERVICE EVALUATION
4.) Based on the areas below, how would you rate	the products/services provided with this Bid?
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	Poor Fair Good Very Good Excellent
Compliance with specifications	
Quality as compared to similar products/services	
Prices as compared to similar products/services	
	3 4
	Very Unlikely Unlikely Probably Definitely
5.) Would you purchase this product/service again	
SECTION 3: EN	D 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 v	why. You may attach an additional sheet if necessary.
EVALUATION F	ORM COMPLETED BY:
Name: Debra Harrington Title: Curriculum Su	pervisor
School/Department: Exceptional Student Learning Supp	port
Participant's Signature:	Date:

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	n email (include the words Supplier/Product Evaluation Form in the subject) GENERAL INFORMATION
	uage Pathology and Audiology Services
Purchase Order #:	Product/Service Provided: Speech & Audiology Services
Supplier (Company) Name: EBS Healthcare	
Contact Name: John Gumpert	Contact Phone #: (800) 578 - 7906
and the control of th	ION 1: SUPPLIER EVALUATION
1.) How would you rate the supplier in th	ne following areas?
	1 2 3 4 5 Poor Fair Good Very Good Excellent
Overall customer service	
Delivery as scheduled or promised	
Tar Marian Santan Santa Marian Santan Santa	Not Somewhat Satisfied Very Satisfied Satisfied Satisfied
2.) How satisfied are you with the supplie	
3.) Will you use this supplier again?	Yes No No
SECTION 2	PRODUCT / SERVICE EVALUATION
4.) Based on the areas below, how would	d you rate the products/services provided with this Bid?
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typttekke (* 1	Poor Fair Good Very Good Excellent
Compliance with specifications	
Quality as compared to similar products/	services
Prices as compared to similar products/se	ervices
學問題	1 3 4
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5.) Would you purchase this product/ser	vice again?
\$F@	TION 3: END USER COMMENTS
	garding this supplier or the products / services provided. If this supplier's
,	ase tell-us why. You may attach an additional-sheet if necessary.
-tm	UATION FORM COMBINITIES BY
	UATION FORM COMPLETED BY: urriculum Supervisor Contact Phone #: (754) 321 - 3457
A CONTRACTOR OF THE PROPERTY O	
School/Department: Exceptional Student Le	earning Support
Participant's Signature:	Date:

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	EICK FIERE to send us an	MREHNIPARINE			
Bid #: 18-001V	Bid Title: Speech-Langua		SHARLES AND AND ADDRESS OF THE PROPERTY OF THE		5000 C 6100 S 500 E 100 C 140 E 140 E 170
Purchase Order #:			ct/Service Provid	ed: Speech & Audio	logy Services
Supplier (Company)	Name: Comprehensive T	herapy Consultants	nad Amerika and Balanda kan samat de daar versien 1994 19 heeft de dat 1900 de date daar 1900 de date daar da i	er filming and the state of the forest of the state of th	
Contact Name: NeSha	anta Wilburn	Cont	act Phone #: (770))425 - 6661	and a 1 year of the section of the s
	अस्ता ।	ON 1: SUPPLIER E	VALUATION		
1.) How would you	rate the supplier in the	following areas?			
		1	2	3	5
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Overall customer se	rvice				
Delivery as schedule	ed or promised	<u></u>	L		
	e de la companya de La companya de la co	1	2	3	4
4.4		Not	Somewhat	Satisfied V	ery Satisfied
		Satisfied	Satisfied	 1	
	e you with the supplier				
3.) Will you use this	supplier again?	Yes	∐ No	· · · · · · ·	
	SECTION 2:	PRODUCT / SERV	ICE EVALUATION		
4.) Based on the are	eas below, how would	you rate the prod	ucts/services prov	vided with this Bio	d?
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	the first section of	Poor	Fair Go	od Very Goo	d Excellent
Compliance with spe	ecifications	<u> </u>			
Quality as compared	l to similar products/se	ervices			
Prices as compared	to similar products/ser	vices			
-			1	2 3	4
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5.) Would you purch	hase this product/servi	ce again?			
D		ON SREND) USERI		in a superided of the	E
	ditional information regar				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		~
	EVALU	ATION FORM CO			
Name: Debra Harringt	ton Title: Curi	iculum Supervisor	Conta	ect Phone #: (754	1) 321 - 3457
School/Department	Exceptional Student Lea	ning Support	, , , , , , , , , , , , , , , , , , ,	amministra de material de mensembrande en la companya de la ministra de servicios a señestra a señestra e señe	eres, viscomos mensuales comences a como as defended a Calledo de La d
Participant's Signatu	lre'	t terit och automotiva det er til state det VIII till 1900 till 1900 till 1900 till 1900 till 1900 till 1900 t Till till till till till till till till	Date:	Annual Victoria (St. 17 annual 1904) (St. St. St. St. St. St. St. St. St. St.	

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	GENERAL INFORMAT	
Bid #: 18-001V	Bid Title: Speech-Language Pathology and Auc	
Purchase Order #:		/Service Provided: Speech & Audiology Services
Supplier (Company)	Name: Community Rehab Associates	
Contact Name: Kelly N	AcDonnell Contac	t Phone #: (877) 268 - 4329
	SECTION 1: SUPPLIER EVA	ALUATION
1.) How would you r	ate the supplier in the following areas?	
Overall customer ser Delivery as schedule 2.) How satisfied are		2 3 4 5 Fair Good Very Good Excellen
3.) Will you use this	supplier again?	NÖ LENGLER
	SECTION 2: PRODUCT / SERVICE	E EVALUATION
4.) Based on the are	as below, how would you rate the produc	
Prices as compared t	to similar products/services o similar products/services Very hase this product/service again?	2 3 4 5 Fair Good Very Good Excellent
	SECTION 3: END USER CO	
	ditional information regarding this supplier or t e is unsatisfactory, please tell us why. You ma EVALUATION FORM COMI	
Namero		Contact Phone #: (754) 321 - 345
Name: Debra Harringt	95-14-675-675-675-67-67-67-67-67-67-67-67-67-67-67-67-67-	Contact Filolie #. (754/321 - 345
School/Department:	Exceptional Student Learning Support	
Participant's Signatu	re:	Date:

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For assistance with this form contact us at

(734) 321-0303 OF CLICK FIERE (C	seria as arrethan (inc	idde trie we	nas supplicit	, TOGGET EVGIL	anom om m	tric subject;
New York Control of the Control of t	GENERAL	INFORMA	TION			
Bid #: 18-001V Bid Title: Sp	eech-Language Patho	ology and Au	ıdiology Servi	ces		
Purchase Order #:		Produc	t/Service Pr	ovided: Spee	ch & Audiolog	y Services
Supplier (Company) Name: Boca	Speech Center	and the second second	namen () v nove a se est est management autorité au trabition à la	d - numerous annum de muse en un miser de numbre e un distre	Alemandado la Cala Professional Service (Conservino America	(1971) yay Pagin wilan minana da wan ya wan a namada da minin wan a
Contact Name: Audrey Greenwald			and the state of t	(561)391	- 8444	
	SECTION 1: SU	PPLIER EV	ALUATION			
1.) How would you rate the sup	plier in the followi	ng areas?				
	8 19.80	1	2	3	4	5
		Poor	<u>Fair</u>	Good	Very Good	Excellent
Overall customer service						
Delivery as scheduled or promis	ed		П			
		1	2			<u> </u>
*	in the state of	Not	Somewha	3 t	:: V	4
	e general q	Satisfied	Satisfied	Satisf	ieu ver	y Satisfied
2.) How satisfied are you with t	he supplier?]	
3.) Will you use this supplier aga	ain?	Yes	No			
	SECTION 21 PRODU			IAN		
4.) Based on the areas below, h		SELENTING CONTRACTOR OF THE PROPERTY OF THE PR	Market North Works of the Control of		th thic Rid?	
4., based on the areas below, in	ow would you rate	1	ous/services	provided w	/A	5
		Poor	Fair		4 Very Good	Excellent
Compliance with specifications	•					
				H	片	片
Quality as compared to similar p			빝	H		
Prices as compared to similar pr	oducts/services		Ш		Ш	
			1	2	3	4
· · · · · · · · · · · · · · · · · · ·			y Unlikely	Unlikely	Probably	Definitely
5.) Would you purchase this pro	oduct/service again	I 5				
	SECTION 3-E)	क्षित्र स्टार्ग	DMMENTS			
Please share any additional infor		NAME OF TAXABLE PARTY.		/ services pro	vided. If this s	supplier's
performance is unsatisfa						
	EVALUATION F					
Name: Debra Harrington	Title: Curriculum S	upervisor	C	Contact Phon	ie #: (754) 3	321 - 3457
School/Department: Exceptional:	Student Learning Sup	port	and the second s			
Participant's Signature:	a para na mangana na mangana na kata na kata na mangana na kata na mangana na mangana na mangana na mangana na		D	ate:	er und eine von eine der Laute von der der Perfekt, Wilder Wilder	and the transformation of the second comments

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

(754) 321-0505 or <u>CLICK HERE</u> to s		INFORMA			,
Bid #: 18-001V Bid Title: Spee	ech-Language Patho		CANADA AND AND AND AND AND AND AND AND AN		8 0 31 31 32 34 35 30 37 37 37 37 37 37 37 37 37 37 37 37 37
Purchase Order #:			/Service Provid	ed:Speech & A	udiology Services
Supplier (Company) Name: Ardor F	lealth		are a construction of the second of the seco	entation of the second second second second of the second	ay ta mana ay an
Contact Name: Maria Ayguayp-Amae	mano mena makabahasa dan bahasa da kabuman dan berasa da bahasa bahasa bahasa bahasa bahasa bahasa bahasa bahas	Contac	t Phone #: (866	5)425 - 576	8
	SECTION 1: SU	PPLIER EVA	ALUATION		
1.) How would you rate the supp	ier in the followin	g areas?			5
		Poor	2 Fair Go	od Very (
Overall customer service					
Delivery as scheduled or promised] []
	e de la compansión	Not atisfied	Somewhat Satisfied	3 Satisfied	4 Very Satisfied
2 \ Uou estisfied are you with the		ausneu	Satisfied		Г
2.) How satisfied are you with the3.) Will you use this supplier again		∐ ∏Yes	No	i Li	L J
SE	STION 22 PRODUC	T/SERVIC	E EVALUATION		
4.) Based on the areas below, how		umicinal de la constitución de l		vided with thi	s Bid?
	D	1	2	3 4	5
		Poor	Fair Go	ood Very C	Good Excellent
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Quality as compared to similar pr	oducts/services				
Prices as compared to similar pro	ducts/services	Ш		l L] []
			1	2 3	4
	t/samilaa again		Unlikely Un	likely Prob	ably Definitely
5.) Would you purchase this prod	uct/service again	•			
	SECTION 3: EN	DIUSER 60	MMENTS		
Please share any additional inform	ation regarding-this	supplier or	the products / ser	vices provided.	If this supplier's
performance is unsatisfact	ory, please tell us v	<u>vhy.</u> You ma	ay attach an additi	ional sheet if ne	cessary.
	EVALUATION F	e)RIM (de)M	PERTED/BY:		
Name: Debra Harrington	Title: Curriculum Su			act Phone #:	(754) 321 - 3457
School/Department: Exceptional St	Commence of the commence of th	·	- January - Carlotte Commence - Carlotte - C	ATMANY MATERIAL SALVES AND	The second secon
Participant's Signature:	aaciic courring July		Date:		