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) 321-0516 or
E-mail to: purchasing.helpdesk@browardschools.com

SECTION 1 – SUPPLIER EVALUATION

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Supplier Company Name: Supplier Contact: Contact Telephone:	Florida Virtual School Sharon Sewell Grant or Larry Banks 407-513-3587					
Bid No.:	Purchase Order No.	: TBD				
What was the product / service & technical support.	e? Core, World Langua	ige, Elective,	Honors & A	AP online cou	urses. Profession	nal Developmen
1. How do you rate the supplie	er in the following areas	1	2	3	4	5
Overall Customer Service Delivery as Scheduled or P	romised	Poor	Fair	Good	Very Good	Excellent
2. How satisfied are you with t			_		_	
1 Not Satisfied ☐	2 Somewhat Satisfied 🔲		3 Satisfied ☐		4 Very Satisfied ⊠	
3. Will you use them again?	Yes ⊠ No 🗌					
	SECTION 2 - PRO	DUCT / SEF	RVICE EVA	LUATION		
4. How do you rate their produ	ct / service?	1	2	3	4	5
Compliance with Specification Quality as Compared to Sim Price as Compared to Similar	ilar Products/Services	Poor	Fair	Good	Very Good	Excellent X X X X
5. Would you purchase this pr	oduct or use this vend	or again?	•			
Very Unlikely ☐ Unlikely ☐			3 Probably 🔲		Definitely 🔀	
*If not, please explain why in co	omments.					
•	SECTION	13 END-US	ER INPUT	•		
Please share any additional inf erformance is unsatisfactory, p						is supplier's
*Comments: <u>Since 2001 Brows</u> <u>Virtual School</u>	ard Virtual School has	been extreme	ly satisfied	with the ser	vices and produ	cts of Florida
School / Department: Browa	Evaluatio ette McGinty, Assistan rd Virtual School 21-6050	n Form Comp t Principal	eleted By:			
Participant's Signature:	buth The Cant			Date: _	7/7/14	