

ATTACHMENT I - REFERENCE QUESTIONNAIRE
ST. LUCIE PUBLIC SCHOOLS
RFP 25-20
SPEECH-LANGUAGE THERAPY & AUDIOLOGY SERVICES

FOR: Bell's Speech and Swallowing Therapy, LLC

(Name of Vendor Requesting Reference)

This form is being submitted to your Company for completion as a business reference for the company listed above.

This form is to be returned to the School Board of St. Lucie County, Purchasing Department, email at kimberly.albritton@stlucieschools.org no later than 3:00 p.m., **May 8, 2025**, and **must not** be returned to the company requesting the reference.

For questions or concerns regarding this form, please contact the School Board of St. Lucie County, Purchasing Department, by telephone: (772) 429-3980, or by email at kimberly.albritton@stlucieschools.org. When contacting us, please be sure to include the request for proposal number and title listed at the top of this page.

Company Providing Reference Centurion Health

Contact Name and Title/Position Ashley Hawkins/ Specialty Clinic Supervisor

Contact Telephone Number 386-496-7489

Contact Email Address Aharvey2@teamcenturion.com

Questions:

1. In what capacity have you worked with this company in the past? If the Company was under a similar contract, please acknowledge and explain briefly whether or not the contract was successful.

Comments: Contract still active

2. How would you rate this Company's knowledge and expertise?

3 (3= Excellent; 2= Satisfactory; 1= Unsatisfactory; 0= Unacceptable)

Comments: Very knowledgeable and professional

3. How would you rate the Company's flexibility relative to changes in the scope and timelines?

3 (3= Excellent; 2= Satisfactory; 1= Unsatisfactory; 0= Unacceptable)

Comments: Flexible and accomodating

4. What is your level of satisfaction with hard-copy materials, e.g. quotation, written scopes of work, reports, logs, etc. produced by the Company?

3 (3= Excellent; 2= Satisfactory; 1= Unsatisfactory; 0= Unacceptable)

Comments: Very satisfied, documentation is thorough, timely and organized

5. How would you rate the dynamics/interaction between the Company and your staff?

3 (3= Excellent; 2= Satisfactory; 1= Unsatisfactory; 0= Unacceptable)

Comments: Everyone works well together with excellent communication and coordination

6. Who were the Company's principle representatives involved in providing your service and how would you rate them individually? Would you comment on the skills, knowledge, behaviors or other factors on which you based the rating? (3= Excellent; 2= Satisfactory; 1= Unsatisfactory; 0= Unacceptable)

Name: Tiffany Bell Rating: 3

Name: _____ Rating: _____

Name: _____ Rating: _____

Name: _____ Rating: _____

Comments: Knowledgeable, professional, passionate, thorough, Flexible, timely

7. With which aspect(s) of this Company's services are you most satisfied?

Comments: Speech and Swallowing Therapy
Occupation Therapy

8. With which aspect(s) of this Company's services are you least satisfied?

Comments: none

9. Would you recommend this Company's services to your organization again?

Comments: Absolutely