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 St. John's County Public Schools
Contact Name and Title/Position Holly Nover ESE Program Specialist for Speech Language Pathology & Assistive Technology
Contact Telephone Number 904-547-6060
Contact Email Address Holly.Nover@stjohns.k12.fl.us

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:

I have worked with this contract company. I have supervised a contract SLP they provided.

2. How would you rate this Company's knowledge and expertise?
3 (3= Excellent; 2= Satisfactory; 1= Unsatisfactory; 0= Unacceptable)

Comments:

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:

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:

5. How would you rate the dynamics/interaction between the Company and your staff?
_____ (3= Excellent; 2= Satisfactory; 1= Unsatisfactory; 0= Unacceptable)

Comments:

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:

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

Comments:

no concerns

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

no concerns

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

Yes