

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

FOR: Orange Tree Staffing, 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 UCP of Central Florida
Contact Name and Title/Position Dr. Irma J. Rosa-Cains, Sr. Director of Therapy
Contact Telephone Number 407-852-3316
Contact Email Address IRosa@ucpofl.org

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: Contracting with this company since 2013.
Extremely successful.

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

Comments: High level of knowledge and skill.
OTS is a leader in the staffing arena.

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: Extremely flexible and adaptable to the
needs of its customers.

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: *Accurate invoicing & tracking of services.*

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

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

Comments: *Top Notch!*

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: Mandy Smith Rating: 3

Name: Linett Silva Rating: 3

Name: _____ Rating: _____

Name: _____ Rating: _____

Comments: *Reliable individuals. Extremely responsive.*

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

Comments: *Providers/Clinicians qualifications.*

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

Comments: *N/A*

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

Comments: *Absolutely!*