

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

FOR: WordPLAY Therapy Services, 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 _____
Contact Name and Title/Position _____
Contact Telephone Number _____
Contact Email Address _____

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:

2. How would you rate this Company's knowledge and expertise?
_____ (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= 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= 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: _____ Rating: _____

Name: _____ Rating: _____

Name: _____ Rating: _____

Name: _____ Rating: _____

Comments:

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

Comments:

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

Comments:

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

Comments:

Company Providing Reference: SAIL High School (Leon County Schools)
Contact Name and Title/Position: Rob Pell—Dean/Referral and 504 Coordinator
Contact Telephone Number: 850-488-2468
Contact Email Address: rob.pell@leonschools.net

1. Ms. Talbot is our SLP and is part of our PST/MTSS team

-- Ms. Talbot is a such a valuable member and contributor to our school. Her knowledge base and work ethic embody her as a professional and colleague

2. 3

-- (please see above)

3. 3

-- Ms. Talbot is punctual and meets all deadlines and compliance measures

4. 3

-- Ms. Talbot's precision of language in meetings and IEP data fields/sections are on point, in compliance, and appropriate

5. 3

-- (please see all prior comments)

6. **Name:** Erica Talbot **Rating:** 3

7. All aspects of Ms. Talbot's services were satisfying to the highest degree

8. n/a

9. Yes. If Ms. Talbot is a direct representation of your services, absolutely.