

Evaluation Criteria		Poss Pts	360 Degree Customer Inc.	Accountable Healthcare Staffing	Advanced Medical Personnel Services, Inc.	All Source Recruiting Group, Inc. d/b/a Ardor Health	Atlanta Pediatric Therapy, Inc.	Bilingual Therapies	Cobb Pediatric Therapy Services	Community Rehab Associates, Inc.	Comprehensive Therapy Consultants
			Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts
<b>1</b>	<b>CAPABILITIES (Section 4.7)/ Pages 7-8</b>	<b>50</b>	<b>42.5</b>	<b>35</b>	<b>34.5</b>	<b>46</b>	<b>30.5</b>	<b>31.5</b>	<b>50</b>	<b>38.5</b>	<b>46.5</b>
4.7.1	Describe your procedures in hiring qualified SLPs and OTs, including your interview process (i.e., in person, by phone), resume review, and verification process for education, training, and licensure, and procedures for submitting potential candidates to CCSD, etc. Recruiting-5, vetting (credentialing, references)-5, CCSD inclusion-5.	15	15	15	15	15	10	10	15	10	15
4.7.2	Describe how you will provide one individual as central contact person to be responsible for the CCSD account. This person would communicate with the Supervisor of the SLP/OT Program to make SLP/OT school assignments and determine staffing needs. Name 2 and position or account team 1.	2	2	2	1	2	1	2	2	2	2
4.7.3	Describe any provisions your company has to provide coverage for your SLPs/OTs who take maternity or medical leave or extended absences and what the notification process will be. Pool 4 , Mgt. Sub 1, notification 3	8	8	0	3	4	7	0	8	4	7
4.7.4	Describe your procedure for correcting problems which may result from SLP/OT(s) performance, complaints received from students, parents/families, school staff, and/or other professionals. Pro-activeness 1, Corrective action 3, w/ CCSD 3, Termination 1.5, Replacement 1.5.	10	10	5.5	5.5	10	10	7	10	10	10
4.7.5	Describe your company policies regarding confidentiality and maintenance of records/documents. HIPPA, FERPA 5, CCSD Guidelines 2.5, Training 2.5	10	2.5	10	7.5	10	0	10	10	10	10
4.7.6	Describe any additional support that you provide to your SLPs/OTs and to the district (i.e. training, CF/PCE supervision, etc.) Company training/ CF 2.5, CCSD training 2.5.	5	5	2.5	2.5	5	2.5	2.5	5	2.5	2.5
<b>2</b>	<b>Vendor Questionnaire (Section 10.0)</b>	<b>47</b>	<b>39.5</b>	<b>30.5</b>	<b>33.5</b>	<b>34.5</b>	<b>36.5</b>	<b>36.5</b>	<b>47</b>	<b>38</b>	<b>45</b>
1	How long has your company been in the business of providing the services requested? 20+ 5, 10-19 4, <10-3,	5	4	5	5	4	4	5	5	4	5

Evaluation Criteria		Poss Pts	360 Degree Customer Inc.	Accountable Healthcare Staffing	Advanced Medical Personnel Services, Inc.	All Source Recruiting Group, Inc. d/b/a Ardor Health	Atlanta Pediatric Therapy, Inc.	Bilingual Therapies	Cobb Pediatric Therapy Services	Community Rehab Associates, Inc.	Comprehensive Therapy Consultants
			Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts
<b>1</b>	<b>CAPABILITIES (Section 4.7)/ Pages 7-8</b>	<b>50</b>	<b>42.5</b>	<b>35</b>	<b>34.5</b>	<b>46</b>	<b>30.5</b>	<b>31.5</b>	<b>50</b>	<b>38.5</b>	<b>46.5</b>
2	Has your firm ever conducted business with CCSD? If yes, provide dates and nature of business.	5	0	0	0	0	5	0	5	5	5
3	Have you done business with other school systems? If yes, name system(s), approximate student population and number of SLPs/OTs provided to each system over the last school years. <b>Preference will be given to school systems in Georgia</b>										
	Student Population (SLPs)	1.5	0.75	0.75	0.75	0.75	1.5	0.75	1.5	1.5	1.5
	Student Population (OTs)	1.5	0.75	0.75	0.75	0.75	1.5	0.75	1.5	1.5	1.5
4	Give us background information on your company, including the current number SLPs and OTs employed in all states (also list the number of SLPs in Georgia).										
	Background Information:	2	2	2	2	2	2	2	2	2	2
	Total number of SLPs In US	0									
	Total number of OTs In US	0									
	Total number of SLPs In GA: 20+= 4; 2-19=2; 0-1=0	4	4	0	2	4	4	2	4	0	2
	Total number of OTs In GA: 4+= 4; <4=2; 0-1=0	4	4	0	4	4	2	2	4	0	4
5	Does your firm offer Clinical Fellowship or paid clinical experience supervision for SLPs in that process?	2	2	0	2	2	2	2	2	2	2
6	What is the average experience level of SLPs provided i.e. number of years? 5 yrs or more-5, < 5 yrs-2.5	5	5	5	2.5	2.5	2.5	5	5	5	5
7	What is the average experience level of OTs provided i.e. number of years? 5 yrs or more-5, < 5 yrs-2.5	5	5	5	2.5	2.5	2.5	5	5	5	5
8	How does your company deal with problem issues regarding the SLPs and OT's performance?	See 4.74									
9	Describe your company's procedure to provide background checks to CCSD for the SLP's and OT'S that are being considered or placed in the schools? Georgia, National and Fingerprints-5	5	5	5	5	5	2.5	5	5	5	5

Evaluation Criteria		Poss Pts	360 Degree Customer Inc.	Accountable Healthcare Staffing	Advanced Medical Personnel Services, Inc.	All Source Recruiting Group, Inc. d/b/a Ardor Health	Atlanta Pediatric Therapy, Inc.	Bilingual Therapies	Cobb Pediatric Therapy Services	Community Rehab Associates, Inc.	Comprehensive Therapy Consultants
			Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts
<b>1</b>	<b>CAPABILITIES (Section 4.7)/ Pages 7-8</b>	<b>50</b>	<b>42.5</b>	<b>35</b>	<b>34.5</b>	<b>46</b>	<b>30.5</b>	<b>31.5</b>	<b>50</b>	<b>38.5</b>	<b>46.5</b>
10	Is vendor willing to extend all pricing to other Entities?	5	5	5	5	5	5	5	5	5	5
11	Point of Contact during evaluations	1	1	1	1	1	1	1	1	1	1
12	Point of Contact for POs	1	1	1	1	1	1	1	1	1	1
13	Type of Payment do you accept										
14	For any type of payment not checked in question 13, would you consider it as an option?										
15	If you responded yes to question 14, which type(s) would you consider?										
16	Do the prices include all costs associated with various types of payment										
17	If you responded no to question 16, what associated costs would be added to the prices?										
18	Comments										
<b>3</b>	<b>ORGANIZATION AND COMPLETENESS OF PROPOSAL</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>3</b>
	<b>TOTAL NON-COST POINTS</b>	<b>100</b>	<b>85</b>	<b>68.5</b>	<b>70</b>	<b>83.5</b>	<b>70</b>	<b>69</b>	<b>100</b>	<b>78.5</b>	<b>94.5</b>
	Only non-cost proposals that received 70% of total non-cost score received an award.										

Evaluation Criteria		Poss Pts	Crystal Clear Language Services	EBS - Educational Based Services	Edu Healthcare	Gary D. Stromberg & Associates, LLC	HealthPRO Heritage, LLC	Jackson Therapy Partners	Maxim Healthcare Services, Inc.	Mediscan Staffing Services	Moon River, LLC	Progressus Therapy
			Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts
<b>1</b>	<b>CAPABILITIES (Section 4.7)/ Pages 7-8</b>	<b>50</b>	<b>29.5</b>	<b>50</b>	<b>35</b>	<b>25.5</b>	<b>47.5</b>	<b>1</b>	<b>20.5</b>	<b>31.5</b>	<b>34</b>	<b>26.5</b>
4.7.1	Describe your procedures in hiring qualified SLPs and OTs, including your interview process (i.e., in person, by phone), resume review, and verification process for education, training, and licensure, and procedures for submitting potential candidates to CCSD, etc. Recruiting-5, vetting (credentialing, references)-5, CCSD inclusion-5.	15	5	15	10	5	15	0	10	15	10	15
4.7.2	Describe how you will provide one individual as central contact person to be responsible for the CCSD account. This person would communicate with the Supervisor of the SLP/OT Program to make SLP/OT school assignments and determine staffing needs. Name 2 and position or account team 1.	2	2	2	2	2	2	0	2	1	1	2
4.7.3	Describe any provisions your company has to provide coverage for your SLPs/OTs who take maternity or medical leave or extended absences and what the notification process will be. Pool 4 , Mgt. Sub 1, notification 3	8	3	8	3	4	7	0	0	3	3	7
4.7.4	Describe your procedure for correcting problems which may result from SLP/OT(s) performance, complaints received from students, parents/families, school staff, and/or other professionals. Pro-activeness 1, Corrective action 3, w/ CCSD 3, Termination 1.5, Replacement 1.5.	10	7	10	10	7	8.5	1	8.5	10	10	0
4.7.5	Describe your company policies regarding confidentiality and maintenance of records/documents. HIPPA, FERPA 5, CCSD Guidelines 2.5, Training 2.5	10	10	10	7.5	5	10	0	0	0	7.5	0
4.7.6	Describe any additional support that you provide to your SLPs/OTs and to the district (i.e. training, CF/PCE supervision, etc.) Company training/ CF 2.5, CCSD training 2.5.	5	2.5	5	2.5	2.5	5	0	0	2.5	2.5	2.5
<b>2</b>	<b>Vendor Questionnaire (Section 10.0)</b>	<b>47</b>	<b>21.5</b>	<b>47</b>	<b>31.5</b>	<b>33</b>	<b>42</b>	<b>30</b>	<b>28</b>	<b>27.5</b>	<b>31.5</b>	<b>45.5</b>
1	How long has your company been in the business of providing the services requested? 20+ 5, 10-19 4, <10-3,	5	4	5	4	4	5	4	5	5	4	5

Evaluation Criteria		Poss Pts	Crystal Clear Language Services	EBS - Educational Based Services	Edu Healthcare	Gary D. Stromberg & Associates, LLC	HealthPRO Heritage, LLC	Jackson Therapy Partners	Maxim Healthcare Services, Inc.	Mediscan Staffing Services	Moon River, LLC	Progressus Therapy
			Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts
<b>1</b>	<b>CAPABILITIES (Section 4.7)/ Pages 7-8</b>	<b>50</b>	<b>29.5</b>	<b>50</b>	<b>35</b>	<b>25.5</b>	<b>47.5</b>	<b>1</b>	<b>20.5</b>	<b>31.5</b>	<b>34</b>	<b>26.5</b>
2	Has your firm ever conducted business with CCSD? If yes, provide dates and nature of business.	5	0	5	0	0	0	0	5	0	0	5
3	Have you done business with other school systems? If yes, name system(s), approximate student population and number of SLPs/OTs provided to each system over the last school years. <b>Preference will be given to school systems in Georgia</b>											
	Student Population (SLPs)	1.5	1.5	1.5	0.75	1.5	1.5	0.75	1.5	0.75	0	0.75
	Student Population (OTs)	1.5	0	1.5	0.75	1.5	1.5	0.75	0	0.75	0	0.75
4	Give us background information on your company, including the current number SLPs and OTs employed in all states (also list the number of SLPs in Georgia).											
	Background Information:	2	2	2	2	2	2	2	2	2	0	2
	Total number of SLPs In US	0										
	Total number of OTs In US	0										
	Total number of SLPs In GA: 20+= 4; 2-19=2; 0-1=0	4	0	4	0	0	4	2	0	0	2	4
	Total number of OTs In GA: 4+= 4; <4=2; 0-1=0	4	0	4	0	0	4	4	0	0	4	4
5	Does your firm offer Clinical Fellowship or paid clinical experience supervision for SLPs in that process?	2	2	2	2	2	2	2	0	2	2	2
6	What is the average experience level of SLPs provided i.e. number of years? 5 yrs or more-5, < 5 yrs-2.5	5	5	5	5	5	5	2.5	5	2.5	5	5
7	What is the average experience level of OTs provided i.e. number of years? 5 yrs or more-5, < 5 yrs-2.5	5	0	5	5	5	5	2.5	0	2.5	5	5
8	How does your company deal with problem issues regarding the SLPs and OT's performance?	See 4.74										
9	Describe your company's procedure to provide background checks to CCSD for the SLP's and OT'S that are being considered or placed in the schools? Georgia, National and Fingerprints-5	5	0	5	5	5	5	2.5	2.5	5	2.5	5

Evaluation Criteria		Poss Pts	Crystal Clear Language Services	EBS - Educational Based Services	Edu Healthcare	Gary D. Stromberg & Associates, LLC	HealthPRO Heritage, LLC	Jackson Therapy Partners	Maxim Healthcare Services, Inc.	Mediscan Staffing Services	Moon River, LLC	Progressus Therapy
			Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts
<b>1</b>	<b>CAPABILITIES (Section 4.7)/ Pages 7-8</b>	<b>50</b>	<b>29.5</b>	<b>50</b>	<b>35</b>	<b>25.5</b>	<b>47.5</b>	<b>1</b>	<b>20.5</b>	<b>31.5</b>	<b>34</b>	<b>26.5</b>
10	Is vendor willing to extend all pricing to other Entities?	5	5	5	5	5	5	5	5	5	5	5
11	Point of Contact during evaluations	1	1	1	1	1	1	1	1	1	1	1
12	Point of Contact for POs	1	1	1	1	1	1	1	1	1	1	1
13	Type of Payment do you accept											
14	For any type of payment not checked in question 13, would you consider it as an option?											
15	If you responded yes to question 14, which type(s) would you consider?											
16	Do the prices include all costs associated with various types of payment											
17	If you responded no to question 16, what associated costs would be added to the prices?											
18	Comments											
<b>3</b>	<b>ORGANIZATION AND COMPLETENESS OF PROPOSAL</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>3</b>
	<b>TOTAL NON-COST POINTS</b>	100	54	100	67.5	61.5	92.5	32	50.5	62	68.5	75
	<b>Only non-cost proposals that received 70% of total non-cost score received an award.</b>											

Evaluation Criteria		Poss Pts	SHC Services, Inc. Supplemental Services	Soliant Health, Inc.	Speech Buddies, Inc.	Speech Life	Speech Rehab Services	Sunbelt Staffing, LLC	The ExecuSearch Group, LLC	The Therapy Spot, LLC d/b/a Pediatric	Therapia Staffing, LLC	Therapy Source, Inc.
			Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts
<b>1</b>	<b>CAPABILITIES (Section 4.7)/ Pages 7-8</b>	<b>50</b>	<b>47.5</b>	<b>37.5</b>	<b>42.5</b>	<b>32</b>	<b>41</b>	<b>39.5</b>	<b>49</b>	<b>36.5</b>	<b>38.5</b>	<b>28</b>
4.7.1	Describe your procedures in hiring qualified SLPs and OTs, including your interview process (i.e., in person, by phone), resume review, and verification process for education, training, and licensure, and procedures for submitting potential candidates to CCSD, etc. Recruiting-5, vetting (credentialing, references)-5, CCSD inclusion-5.	15	15	15	15	10	15	15	15	15	15	15
4.7.2	Describe how you will provide one individual as central contact person to be responsible for the CCSD account. This person would communicate with the Supervisor of the SLP/OT Program to make SLP/OT school assignments and determine staffing needs. Name 2 and position or account team 1.	2	1	2	1	2	2	2	2	1	2	2
4.7.3	Describe any provisions your company has to provide coverage for your SLPs/OTs who take maternity or medical leave or extended absences and what the notification process will be. Pool 4 , Mgt. Sub 1, notification 3	8	8	7	4	0	4	3	7	4	4	0
4.7.4	Describe your procedure for correcting problems which may result from SLP/OT(s) performance, complaints received from students, parents/families, school staff, and/or other professionals. Pro-activeness 1, Corrective action 3, w/ CCSD 3, Termination 1.5, Replacement 1.5.	10	8.5	1	10	7.5	10	7	10	4	10	8.5
4.7.5	Describe your company policies regarding confidentiality and maintenance of records/documents. HIPPA, FERPA 5, CCSD Guidelines 2.5, Training 2.5	10	10	10	10	10	5	10	10	10	5	2.5
4.7.6	Describe any additional support that you provide to your SLPs/OTs and to the district (i.e. training, CF/PCE supervision, etc.) Company training/ CF 2.5, CCSD training 2.5.	5	5	2.5	2.5	2.5	5	2.5	5	2.5	2.5	0
<b>2</b>	<b>Vendor Questionnaire (Section 10.0)</b>	<b>47</b>	<b>40</b>	<b>45.5</b>	<b>18.5</b>	<b>14.5</b>	<b>30</b>	<b>44.5</b>	<b>37</b>	<b>30.5</b>	<b>29</b>	<b>46</b>
1	How long has your company been in the business of providing the services requested? 20+ 5, 10-19 4, <10-3,	5	5	5	3	3	4	5	5	3	3	4

Evaluation Criteria		Poss Pts	SHC Services, Inc. Supplemental Services	Soliant Health, Inc.	Speech Buddies, Inc.	Speech Life	Speech Rehab Services	Sunbelt Staffing, LLC	The Execu Search Group, LLC	The Therapy Spot, LLC d/b/a Pediatric	Therapia Staffing, LLC	Therapy Source, Inc.
			Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts
<b>1</b>	<b>CAPABILITIES (Section 4.7)/ Pages 7-8</b>	<b>50</b>	<b>47.5</b>	<b>37.5</b>	<b>42.5</b>	<b>32</b>	<b>41</b>	<b>39.5</b>	<b>49</b>	<b>36.5</b>	<b>38.5</b>	<b>28</b>
2	Has your firm ever conducted business with CCSD? If yes, provide dates and nature of business.	5	0	5	0	0	0	5	0	0	0	5
3	Have you done business with other school systems? If yes, name system(s), approximate student population and number of SLPs/OTs provided to each system over the last school years. <b>Preference will be given to school systems in Georgia</b>											
	Student Population (SLPs)	1.5	1.5	0.75	1.5	0	1.5	1.5	1.5	0.75	0	1.5
	Student Population (OTs)	1.5	1.5	0.75	0	0	1.5	1.5	1.5	0.75	0	1.5
4	Give us background information on your company, including the current number SLPs and OTs employed in all states (also list the number of SLPs in Georgia).											
	Background Information:	2	2	2	2	2	2	2	2	2	2	2
	Total number of SLPs In US	0										
	Total number of OTs In US	0										
	Total number of SLPs In GA: 20+= 4; 2-19=2; 0-1=0	4	2	4	0	0	2	4	4	0	0	4
	Total number of OTs In GA: 4+= 4; <4=2; 0-1=0	4	4	4	0	0	0	4	4	0	0	4
5	Does your firm offer Clinical Fellowship or paid clinical experience supervision for SLPs in that process?	2	2	2	0	0	2	2	2	2	2	2
6	What is the average experience level of SLPs provided i.e. number of years? 5 yrs or more-5, < 5 yrs-2.5	5	5	5	5	5	2.5	5	2.5	5	5	5
7	What is the average experience level of OTs provided i.e. number of years? 5 yrs or more-5, < 5 yrs-2.5	5	5	5	0	0	2.5	5	2.5	5	5	5
8	How does your company deal with problem issues regarding the SLPs and OT's performance?	See 4.74										
9	Describe your company's procedure to provide background checks to CCSD for the SLP's and OT'S that are being considered or placed in the schools? Georgia, National and Fingerprints-5	5	5	5	0	2.5	5	2.5	5	5	5	5



Evaluation Criteria		Poss Pts	SHC Services, Inc. Supplemental Services	Soliant Health, Inc.	Speech Buddies, Inc.	Speech Life	Speech Rehab Services	Sunbelt Staffing, LLC	The Execu Search Group, LLC	The Therapy Spot, LLC d/b/a Pediatric	Therapia Staffing, LLC	Therapy Source, Inc.
			Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts
<b>1</b>	<b>CAPABILITIES (Section 4.7)/ Pages 7-8</b>	<b>50</b>	<b>47.5</b>	<b>37.5</b>	<b>42.5</b>	<b>32</b>	<b>41</b>	<b>39.5</b>	<b>49</b>	<b>36.5</b>	<b>38.5</b>	<b>28</b>
10	Is vendor willing to extend all pricing to other Entities?	5	5	5	5	0	5	5	5	5	5	5
11	Point of Contact during evaluations	1	1	1	1	1	1	1	1	1	1	1
12	Point of Contact for POs	1	1	1	1	1	1	1	1	1	1	1
13	Type of Payment do you accept											
14	For any type of payment not checked in question 13, would you consider it as an option?											
15	If you responded yes to question 14, which type(s) would you consider?											
16	Do the prices include all costs associated with various types of payment											
17	If you responded no to question 16, what associated costs would be added to the prices?											
18	Comments											
<b>3</b>	<b>ORGANIZATION AND COMPLETENESS OF PROPOSAL</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>2</b>
	<b>TOTAL NON-COST POINTS</b>	100	90.5	86	63	49.5	72	86	89	70	69.5	76
	<b>Only non-cost proposals that received 70% of total non-cost score received an award.</b>											

Evaluation Criteria		Poss Pts	Verbal Expressions, Inc.	Youthcentrix Therapy Services, LLC
			Pts	Pts
<b>1</b>	<b>CAPABILITIES (Section 4.7)/ Pages 7-8</b>	<b>50</b>	<b>37.5</b>	<b>24</b>
4.7.1	Describe your procedures in hiring qualified SLPs and OTs, including your interview process (i.e., in person, by phone), resume review, and verification process for education, training, and licensure, and procedures for submitting potential candidates to CCSD, etc. Recruiting-5, vetting (credentialing, references)-5, CCSD inclusion-5.	15	10	5
4.7.2	Describe how you will provide one individual as central contact person to be responsible for the CCSD account. This person would communicate with the Supervisor of the SLP/OT Program to make SLP/OT school assignments and determine staffing needs. Name 2 and position or account team 1.	2	1	1
4.7.3	Describe any provisions your company has to provide coverage for your SLPs/OTs who take maternity or medical leave or extended absences and what the notification process will be. Pool 4 , Mgt. Sub 1, notification 3	8	4	4
4.7.4	Describe your procedure for correcting problems which may result from SLP/OT(s) performance, complaints received from students, parents/families, school staff, and/or other professionals. Pro-activeness 1, Corrective action 3, w/ CCSD 3, Termination 1.5, Replacement 1.5.	10	10	4
4.7.5	Describe your company policies regarding confidentiality and maintenance of records/documents. HIPPA, FERPA 5, CCSD Guidelines 2.5, Training 2.5	10	10	10
4.7.6	Describe any additional support that you provide to your SLPs/OTs and to the district (i.e. training, CF/PCE supervision, etc.) Company training/ CF 2.5, CCSD training 2.5.	5	2.5	0
<b>2</b>	<b>Vendor Questionnaire (Section 10.0)</b>	<b>47</b>	<b>28.5</b>	<b>19.5</b>
1	How long has your company been in the business of providing the services requested? <u>20+ 5, 10-19 4, &lt;10-3.</u>	5	4	3

Evaluation Criteria		Poss Pts	Verbal Expressions, Inc.	Youthcentrix Therapy Services, LLC
			Pts	Pts
<b>1</b>	<b>CAPABILITIES (Section 4.7)/ Pages 7-8</b>	<b>50</b>	<b>37.5</b>	<b>24</b>
2	Has your firm ever conducted business with CCSD? If yes, provide dates and nature of business.	5	0	0
3	Have you done business with other school systems? If yes, name system(s), approximate student population and number of SLPs/OTs provided to each system over the last school years. <b>Preference will be given to school systems in Georgia</b>			
	Student Population (SLPs)	1.5	1.5	0
	Student Population (OTs)	1.5	0	0
4	Give us background information on your company, including the current number SLPs and OTs employed in all states (also list the number of SLPs in Georgia).			
	Background Information:	2	2	2
	Total number of SLPs In US	0		
	Total number of OTs In US	0		
	Total number of SLPs In GA: 20+= 4; 2-19=2; 0-1=0	4	2	0
	Total number of OTs In GA: 4+= 4; <4=2; 0-1=0	4	0	0
5	Does your firm offer Clinical Fellowship or paid clinical experience supervision for SLPs in that process?	2	2	0
6	What is the average experience level of SLPs provided i.e. number of years? 5 yrs or more-5, < 5 yrs-2.5	5	5	2.5
7	What is the average experience level of OTs provided i.e. number of years? 5 yrs or more-5, < 5 yrs-2.5	5	0	5
8	How does your company deal with problem issues regarding the SLPs and OT's performance?	See 4.74		
9	Describe your company's procedure to provide background checks to CCSD for the SLP's and OT'S that are being considered or placed in the schools? Georgia, National and Fingerprints-5	5	5	0

Evaluation Criteria		Poss Pts	Verbal Expressions, Inc.	Youthcentrix Therapy Services, LLC
			Pts	Pts
<b>1</b>	<b>CAPABILITIES (Section 4.7)/ Pages 7-8</b>	<b>50</b>	<b>37.5</b>	<b>24</b>
10	Is vendor willing to extend all pricing to other Entities?	5	5	5
11	Point of Contact during evaluations	1	1	1
12	Point of Contact for POs	1	1	1
13	Type of Payment do you accept			
14	For any type of payment not checked in question 13, would you consider it as an option?			
15	If you responded yes to question 14, which type(s) would you consider?			
16	Do the prices include all costs associated with various types of payment			
17	If you responded no to question 16, what associated costs would be added to the prices?			
18	Comments			
<b>3</b>	<b>ORGANIZATION AND COMPLETENESS OF PROPOSAL</b>	<b>3</b>	<b>3</b>	<b>2</b>
	<b>TOTAL NON-COST POINTS</b>	100	69	45.5
	<b>Only non-cost proposals that received 70% of total non-cost score received an award.</b>			