

ATTACHMENT D – REFERENCE CHECK FORM**RFP S-47100-00017432 Language Proficiency Assessment Services**

Offeror Name:		Reference Entity:											
Reference Contact Name:		Reference Telephone Number:											
How long has the offeror been providing your organization with the Services?		Years:											
This form is fillable and Signature friendly. Rate each of the service categories provided by Offeror. Once you have entered your rating for each category, please sign the bottom of the form and return the completed form to the offeror. It is not necessary to provide a narrative statement. Only your rating of the services provided is required. The table below is intended only as an example of how the points may be assigned to each of the categories. <table border="1"><tr><td>10</td><td>OUTSTANDING – Performance exceeded all expectations.</td></tr><tr><td>7 – 9</td><td>VERY GOOD – Performance was better than expected.</td></tr><tr><td>4 - 6</td><td>ADEQUATE – Performance was as expected.</td></tr><tr><td>1 – 3</td><td>FAIR – Performance was below expectations.</td></tr><tr><td>0</td><td>POOR – Performance was not acceptable.</td></tr></table>				10	OUTSTANDING – Performance exceeded all expectations.	7 – 9	VERY GOOD – Performance was better than expected.	4 - 6	ADEQUATE – Performance was as expected.	1 – 3	FAIR – Performance was below expectations.	0	POOR – Performance was not acceptable.
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How would you rate the accommodation they provide for staff with disabilities?													
How would you rate the Offeror's understanding of your goals for staff language proficiency assessments?													
How would you rate the actionability of the reports (e.g., breakdown by skill area, recommendations, proficiency level descriptors)?													
How would you rate how easily the results can be interpreted by non-experts, such as program managers or HR staff?													
Reference Signature		Date											
Reference Email address:													