



**OKLAHOMA**  
STATE DEPARTMENT *of* EDUCATION  
— SPECIAL EDUCATION SERVICES —

VENDOR PERFORMANCE REVIEW

District: \_\_\_\_\_

Supplier Name: \_\_\_\_\_ Supplier FEI or SSN: \_\_\_\_\_

Type of Contract: \_\_\_\_\_

This evaluation covers the contract term from \_\_\_\_\_ to \_\_\_\_\_

Contract Amount \$ \_\_\_\_\_ Contract Number (if applicable) \_\_\_\_\_

Type or nature of service provided: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consider the following when determining the quality of service or work product received:

Timeliness, service availability, completeness and accuracy of work.

Circle one:      Exceeds Expectations      Meets Expectations      Below Expectations

Was service satisfactory? YES or NO      Will the contract be submitted for renewal? YES or NO

If problems were encountered, describe the problem and actions taken with the vendor to correct.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title