

Wayne County School District

810 Chickasawhay Street

Waynesboro, Ms 39367

Request for Proposal

Diagnostic Assessment Project

Bid Number 10385

2019-2020 School Year

Contact: Crystal Bates, Curriculum Director, 601-735-4894

Due Date: June 24, 2019 by 9:00 A.M.

1.0 Introduction

The Wayne County School District will provide a diagnostic assessment with individualized, student learning paths for students in grades K-8. The reports will assist with the RTI (Response to Intervention) process as well.

Project Overview

The Wayne County School District seeks a diagnostic assessment with services to include, but not limited to: identifying strengths and areas of concern in grades K-8, predict proficiency and growth, provide daily computer practice, and provide students with individualized learning paths.

2.0 Scope of Work

Proposals are required to be able to perform the following:

- A. Provide a diagnostic assessment for students in K through 8th grades
- B. Provide individualized student learning paths based on diagnostic assessment results
- C. Provide access to online lessons with immediate student feedback
- D. Provide online lessons that focus on standards within a student's grade level
- E. Provide reports including but not limited to: Response to Intervention, Usage, and Summary
- F. Provide quizzes to online lessons in order to evaluate the student's understanding of the lesson
- G. Provide student data in regards to student growth and proficiency to help teachers create individual – type instruction for students needing assistance
- H. Provide online resources to assist teachers
- I. Provide interactive, online lessons for students

3.0 Management Responsibilities

The Wayne County School District will designate one representative who will act as the primary contact of this office. The representative will be responsible for conferring with any and all parties necessary to resolve unanticipated issues or requirements that might occur during the course of the RFP. If you have any questions, please contact:

Crystal Bates, Curriculum Director
Wayne County School District
810 Chickasawhay Street
Waynesboro, Ms 39367
Phone: 601-735-4894
Email: batesc@wcsdms.com

4.0 Format and Procedures for Delivery of Proposal

The proposal shall consist of four parts (Attachments A, B, C, D)

Part I – Proposal Cover Page

Part II – Basic Program Description (include an overview of the program and services proposed, which will allow the district to determine the quality of the program)

Part III – Cost (provide a specific description of your pricing structure)

Part IV – Assurance and Signature Form

Procedures for Delivery of Proposals:

One original (1) and two (2) copies of the proposal must be received on or before 9:00 A.M. June 24, 2019 at the following address:

Wayne County School District
Attention: Crystal Bates, Curriculum Director
810 Chickasawhay Street
Waynesboro, Ms 39367

Proposals received after the due date and time will NOT be considered, nor opened. Incomplete proposals will not be accepted and will not be returned for revisions. No faxed

copies will be accepted. The proposal must be signed by and authorized by an official of the company to bind the offeror to the proposal provisions.

5.0 Acceptance of Proposals

The Wayne County School District reserves the right, in its sole discretion, to waive minor irregularities in proposals. A minor irregularity is a variation from the proposal that does not affect the proposal, or gives one offeror an advantage or benefit not enjoyed by other offerors, or adversely impacts the interests of the school district.

6.0 Rejection of Proposals

Proposals may be rejected for reasons that include, but are not limited to, the following:

1. The proposal contains unauthorized amendments to requirements as outlined herein
2. The proposal is conditional
3. The proposal is incomplete or contains irregularities that make the proposal indefinite or ambiguous
4. The proposal is not signed by an authorized representative of the program
5. The proposal contains false or misleading statements or references
6. The proposal price is unreasonable
7. The service offered in the proposal is unacceptable by reason of its failure to meet the requirements of the specifications or permissible alternates or other acceptability criteria set forth in the RFP

7.0 Disposition of Proposals

All proposals become property of the Wayne County School District.

8.0 Conditions

Wayne County School District reserves the right to accept or reject any or all offers on the basis of the evaluation criteria contained within this document.

Request for Proposals

To Provide a Diagnostic Assessment with Individualized, Learning Paths

School Fiscal Year 2019-2020

Proposal Opening Date and Time:
Monday, June 24, 2019 at 10:00 A.M.

Vendor Information

Company Name: _____

Company Mailing Address:

Telephone Number: _____ Date: _____

Note: Vendors should read all attached instructions in this Request for Proposal, prior to submitting proposals.

Vendor must return proposal in a sealed envelope clearly marked:

Diagnostic Assessment with Individualized, Learning Paths

Attachment A

Basic Program Description

- Provide evidence that your company provides diagnostic assessments with individualized, student learning paths for students in grades K-8
- Describe the process that will be used to monitor and track each student's progress using valid indicators
- Describe your capacity to deliver diagnostic assessment services and individual, learning paths for students

Cost Summary

Attachment B

Description of Service	Cost

Attachment C

Assurances and Signature Form

In submitting this application, I certify that:

1. The organization is fiscally sound and will be able to complete diagnostic assessment services to the district
2. The organization will provide quality implementation and support

The undersigned hereby certifies that I am the individual authorized to act on behalf of the company that the information provided herein is true and accurate, to the best of my knowledge.

Type Name of Organization and/or Service

Print Name of Authorized Representative or Service Provider

Signature of Authorized Representative or Service Provider

Typed Title _____

Date Signed _____

Attachment D