

SpeechLanguage Pathology Services
 Contractor Response Checklist for Technical Criteria

Section M Area	Item Description	Required Documentation	Contractor Submitted (yes or no)
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		<p>r^ u%o o • }(}u%o o š W Œ({Œ u v ••••u r^ u%o o • }(}u%o o š W Œ({Œ u v /u%o Œ} (}Œ ^>W ^š ((r^ u%o o • }(}u%o o š šŒ]v]vP• (}Œ • Z}}c rWŒ}}(}(]o]šÇ š •</p>	
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Demonstrated
 Prior Experience

- Complete provided sample previous client form for two previous schoœbased setting clients •]u]o Œ š} •š ((• }%o š} Ç}µŒ %o Œ}% •}o]]š š]}v X

