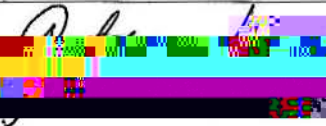

	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

(o- °oou-Vu°†°@°@-k7k 7k-\ku\ky8-lyk#°o ù \u-k O°oV‡ ‘\kMfu ’	<input checked="" type="checkbox"/> ‘-o <input type="checkbox"/> V

I O ° o H k † @ ° V † - k @ ‡ \ 7 u - ° o o u - V u 7 k O ° o h i 8 o U ° o I O ° o @ # @ -



To be completed by the Consultant/Assessment Provider. Give the assessor proposed and give the assessor

Educational Vista 1. Name of Authorized Representative	 Authorized Representative
Peter A. Cooper 2. Name of Authorized Representative (PLEASE PRINT/TYP)	6/16/2022 3. Date Signed
National Sales Manager 3. Title of Authorized Representative (PLEASE PRINT/TYP)	
1. Name of LEA (PLEASE PRINT/TYP)	4. Signature of School Representative
1. School Representative's Name (PLEASE PRINT/TYP)	5. Date Signed
3. Title of School Representative (PLEASE PRINT/TYP)	