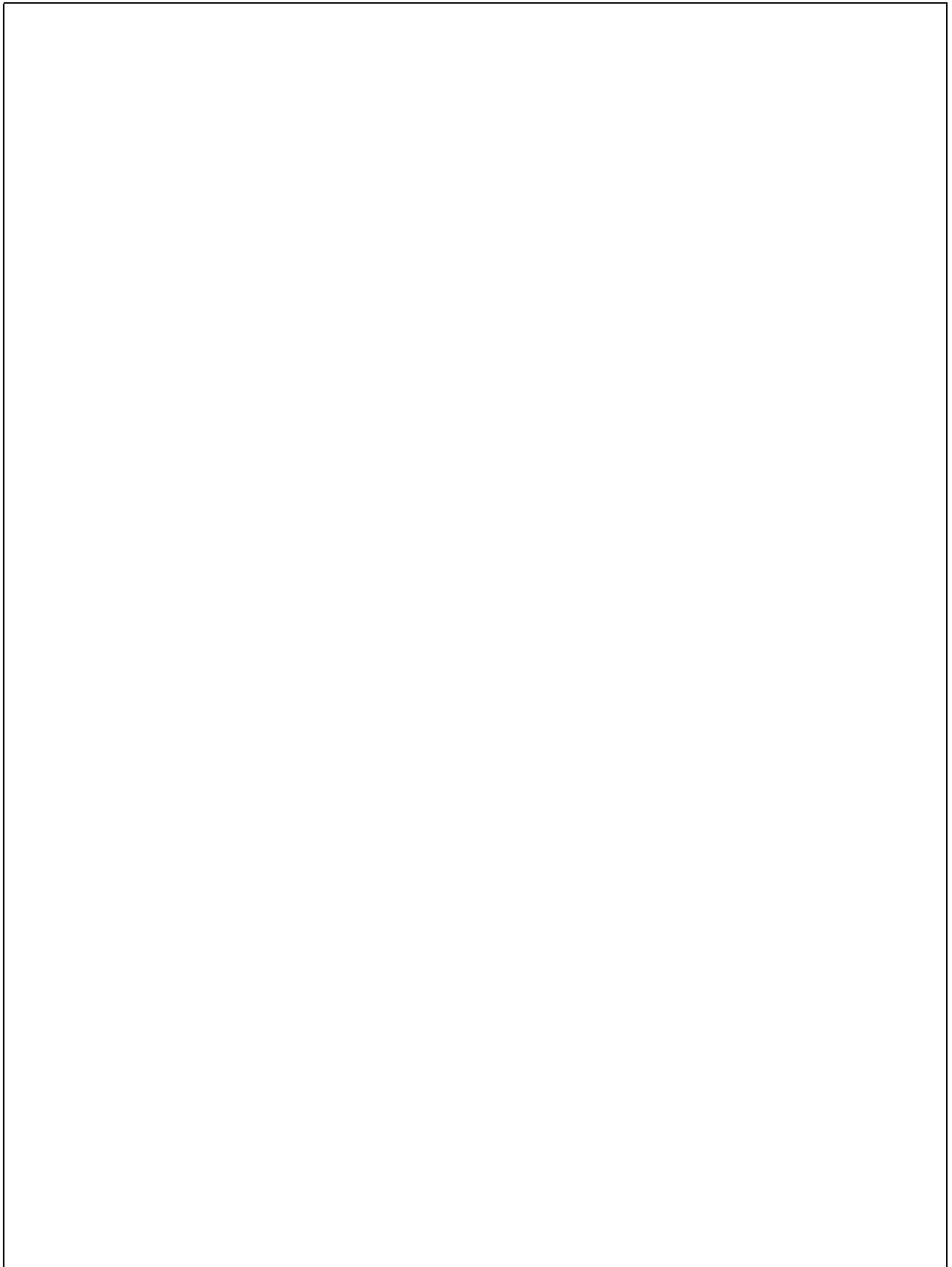


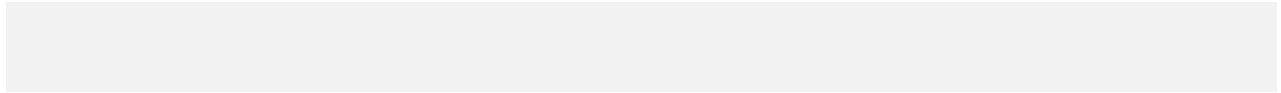
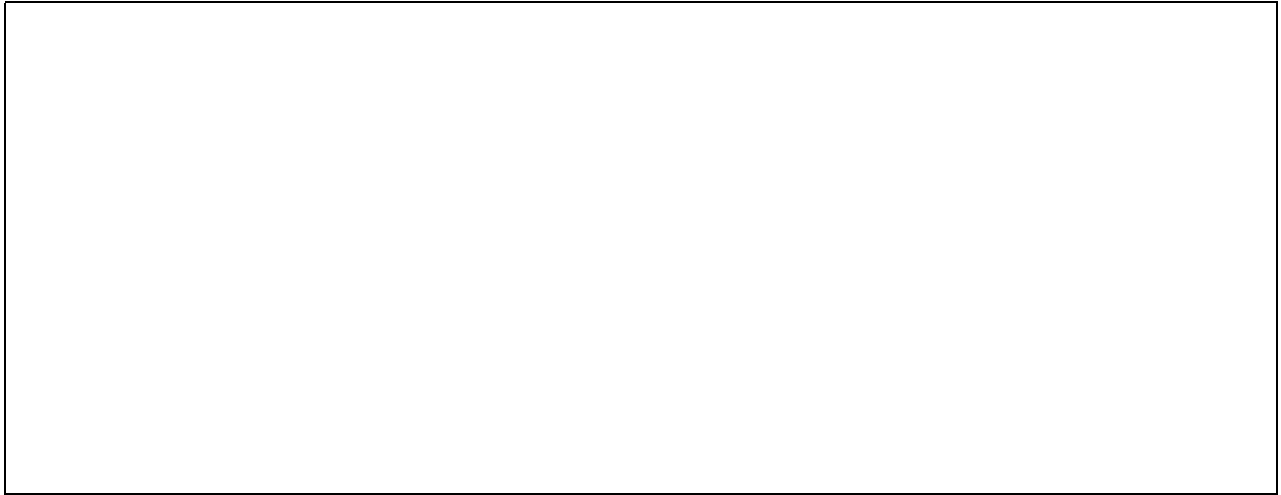
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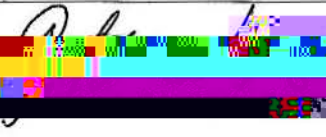
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t , dD ^hZ•K& ^ >/E Z dh^ /E KE:hE ddkE t/š, d ^^ ^^D Ed dK D ^hZ ^dh E
'ZKtd,^ > φ> d, d •W>z



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