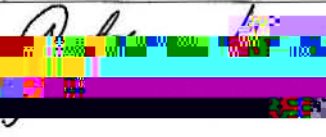

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To be completed by the Consultant/Assessment Provider. Give the assessor proposed and give the assessor

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)	