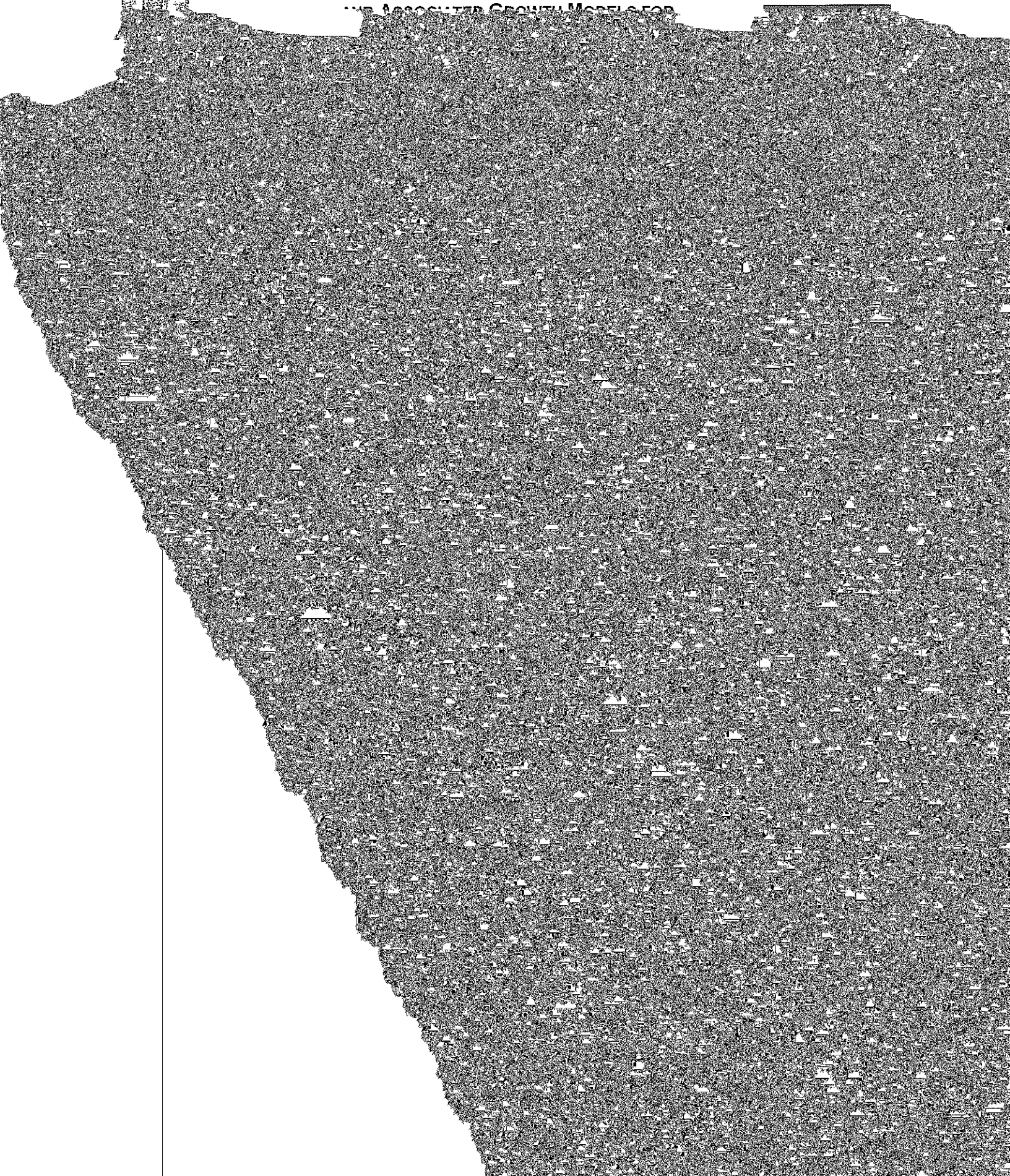





STUDENT ASSESSMENTS AND ASSOCIATED GROWTH MODELS FOR



To be completed by the Contractor
being proposed

Royalton-Hartland CSD 1. Name of Organization (PLEASE PRINT/TYPE)	 (PLEASE USE INK)
Sheila T. Murphy 2. Name (PLEASE PRINT/TYPE)	5/20/2016 3. Date Signed
Assistant Superintendent 3. Title of School Representative (PLEASE PRINT/TYPE)	

Royalton Hartland CSD 1. Name of LEA (PLEASE PRINT/TYPE)	 4. Signature of School Representative (PLEASE PRINT/TYPE)
Sheila T. Murphy 2. School Representative's Name (PLEASE PRINT/TYPE)	5/20/2016 5. Date Signed
Assistant Superintendent 3. Title of School Representative (PLEASE PRINT/TYPE)	