

**Request to Negotiate Local Adjusted Level of Performance
3S1 Secondary School Completion
2012-2013**

“Save As” and Rename this document. Complete form. Send as an attachment to DIG@azed.gov.

Secondary District Information	
C-T-D	
District Name	

Contact Information	
CTE Administrator	
CTE Phone Number	
CTE Email Address	

Request Information/Background	
Requesting Local Adjusted Level of Performance (LALP) for which Performance Measure:	<input checked="" type="checkbox"/> 3S1 Secondary Sch Completion (SALP 84.00%)
What was your 2011-12 District Level of Performance for this measure?	<input type="checkbox"/> 3S1 ____%
What Local Level are you requesting?	____%

Justification for Request of LALP	
Explain why this request should be granted:	
Give a description of circumstances leading to low performance:	

Signatures	
CTE Administrator Signature	Date
Superintendent/Authorized Secondary Designee Signature	Date