

**Request to Negotiate Local Adjusted Level of Performance
6S2 Nontraditional Completion
2013-2014**

“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"/> 6S2 Nontrad Completion (SALP 14.50%)
What was your 2012-13 District Level of Performance for this measure?	<input type="checkbox"/> 6S2 %
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	