

**Request to Negotiate Local Adjusted Level of Performance
6S2 Nontraditional Completion
2015-2016**

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 18.00%)
What was your 2014-15 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	