Request to Negotiate Local Adjusted Level of Performance
3S1 Secondary School Completion
2016-2017

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:	☒3S1 Secondary Sch Completion (SALP 92.00%)
What was your 2015-16 District Level of Performance for this measure?	☐ 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