

INSTRUCTIONS: This form must be completed by **all** district assessment coordinators each school year.

- 1. Download and save the form to your device.
- 2. Complete the form electronically and save.
- 3. Have the district administrator sign the form digitally.
- 4. Email signed form to DPI's Office of Educational Accountability at osamail@dpi.wi.gov

		GENERAL INFORMATION					
CESA No.	District No.	District Name					Date Effective
Name of District Assess		Title)				
Email				Phone Area/No./Ext.			Fax No. Area/No.
				Ext.			
Mailing Address							
Shipping Address							
City					State	ZIP Code	
SIGNATUR			TUR	E			
District Administrator's I	Name						
District Administrator's					Date	Signed <i>Mo./Day/Yr.</i>	
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