

**Letter of Agreement  
2014-2015 ACT Aspire**

**Please complete the required fields and return this form no later than October 8, 2014 to Carolyn Jones at [cjones@inghamisd.org](mailto:cjones@inghamisd.org) or fax 517-676-3602 Phone 517-244-1366**

**Ingham ISD agrees to:**

1. Purchase the ACT Aspire assessment, computer based version (English, math, reading science and writing).  
Serve as a liaison between the District and ACT (the product vendor).
2. Assign a person to oversee the project and assist districts in building capacity in data analysis.
3. Provide training and support related to using Aspire to drive data-driven decisions.
4. Work with the Local Education Agency (LEA) point person to determine appropriate time lines for student and parent presentations.
5. Upload student and district Aspire data into Illuminate Data and Assessment System and provide data analysis support.

**LEA agrees to:**

1. Participate for the subscription period/year 2014-2015 and return order by October 8, 2014.
2. Assess all students in grades 7 and 9 using ACT Aspire in the areas of English, math, reading, science, and writing during the district assessment window (March 6 – April 3, 2015)
3. Assign appropriate staff to participate in IISD sponsored ACT Aspire professional development opportunities.
4. Release necessary data to Ingham ISD for import into Illuminate Data and Assessment System
5. Per your signed district data sharing agreement, authorize designated Ingham ISD staff access to the District ACT Aspire system.
6. If paper/pencil version is selected, district is responsible for the cost difference.

**District:** \_\_\_\_\_ **Grade 7 student count:** \_\_\_\_\_ **Grade 9 student count:** \_\_\_\_\_

Paper version requested for all students (district responsible for cost difference)?      Yes \_\_\_\_\_ No \_\_\_\_\_

**LEA ACT APSIRE Contact Person(s)**

Grade 7: Name: \_\_\_\_\_ Building: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Grade 9: Name: \_\_\_\_\_ Building: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please identify staff responsible for:

- A. Preparing students for ACT Aspire (administration?) \_\_\_\_\_
- B. Interpreting results for students \_\_\_\_\_
- C. Interpreting results for parents \_\_\_\_\_
- D. Interpreting results for faculty \_\_\_\_\_

Please describe the supports from Ingham ISD that would be helpful?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: The following signatures indicate that the parties have read the Letter of Agreement and commit to be bound by it.

LEA Contact Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ingham Intermediate School District: \_\_\_\_\_ Date: \_\_\_\_\_