



## SWIS<sup>TM</sup> Suite LICENSE AGREEMENT

Licensed Software and Internet Access Subscription

Authorized SWIS Facilitator:

Name: Diane D'Elia

Dated: September 21, 2016

Note: This License Agreement (Agreement) must indicate the name of the Authorized SWIS Facilitator above for the school or institutional Licensee named in the Agreement, which follows.

**IMPORTANT - READ CAREFULLY:** This Agreement is a legal agreement between your organization or entity, (hereinafter referred to as "Licensee") and the University of Oregon, an institution of higher education located in Eugene, Oregon ("Oregon") for use of the School-Wide Information System<sup>TM</sup> ("SWIS<sup>TM</sup>") Suite, which includes SWIS<sup>TM</sup>, Check-in/ Check-out SWIS ("CICO-SWIS<sup>TM</sup>"), or Individual Student Information System SWIS (ISIS-SWIS<sup>TM</sup>) (together "Licensed Software"). This Agreement is effective as of the date of last authorized signature below ("Effective Date").

### LICENSEE INFORMATION

Organization: Saugus Union School District  
Address: 24930 Avenue Stanford  
Address: Santa Clarita, CA 91355

### BACKGROUND

Oregon has developed a school-wide positive behavioral interventions and support program ("PBIS") that uses the Licensed Software to support and sustain positive behavior management programs by providing a rich set of efficient data collection, analysis, and reporting tools, as part of its teaching and research mission, which is described in greater detail at the following website: <https://www.pbisapps.org/Applications/Pages/SWIS-Suite.aspx>.

As a research and educational courtesy, Oregon will license the Licensed Software to Licensee to provide them with, and allow them to provide others with, accurate, efficient, practical information for decision making about school-wide discipline and targeted interventions and to manage their accounts, in accordance with this Agreement.

Oregon is a collaborator working with educators across the United States to improve the effectiveness of schools, and is not a commercial vendor. All License Fees, as further described in Attachment A, are used to continue the maintenance and development of these tools for the education community.

NOW, THEREFORE, in consideration of the promises, conditions and representations contained herein, Licensee agrees as follows:



## I. DEFINITIONS

### 1. Authorized Users

Authorized Users are those individuals officially affiliated with the Licensee, or an Authorized School or Site, and are added by an Authorized SWIS Facilitator.

### 2. Authorized Site

An Authorized Site is one contiguous school office complex or building comprising the Licensee's administrative offices, or the offices of any school under Licensee's control that has obtained authorization from LICENSEE to implement a positive behavior support program using the Licensed Software ("Authorized School") if Licensee is an organization (e.g., district, ESD, state, grant) licensing Licensed Software for a set of schools. Extensions or related offices located in separate locations are considered separate sites unless otherwise agreed to in writing by Oregon.

### 3. School Information Form

The School Information Form is used to collect data to uniquely identify the Authorized Site(s) for inclusion in the SWIS database and to summarize the Licensee school's overall necessary information to implement SWIS at the Authorized Site(s).

## II. TERMS AND CONDITIONS

### 1. License Grant

Contingent upon Licensee's timely payment of License Fees to Oregon pursuant to Section II. 3. and compliance with this Agreement, Oregon grants to Licensee a non-exclusive, non-transferable, license ("License") to use the Licensed Software for non-commercial education and research purposes only. Such License includes the right to access the Licensed Software systems.

### 2. Access and Permitted Use and Support

- A. Access within the Authorized Site(s) is restricted to Authorized Users. Only Authorized Users may have access to the Licensed Software; any violation or unauthorized use constitutes cause for termination of the Agreement pursuant to Section 4.B(i). Additional information on security and confidentiality can be found in Attachment B.
- B. Licensee shall use reasonable efforts to ensure that only Authorized Users have access to Licensed Software and that such Authorized Users will not make any unauthorized copies nor transfer or aid in the transferring of the Licensed Software or any portion of data obtained thereby to any third parties. Licensee shall not transfer, sublicense or provide unauthorized access to the Licensed Software without prior written authorization from Oregon.
- C. Licensee shall have access to Licensed Software updates including distribution media and technical documentation and maintenance releases of Licensed Software, if any, as Oregon releases them.
- D. Oregon will provide Licensee with telephone and email support between 7:00 AM and 4:00 PM Pacific Time, Monday through Friday, to the extent Licensee reasonably requires the support, and as Oregon's staffing and schedule obligations reasonably permit.





### 3. Payment

- A. Oregon will invoice Licensee by billing the Licensee or a Third Party Payer (as defined below) and such fee ("License Fee" as further specified in Attachment A) shall be due and payable upon receipt. Licensee may designate an entity other than Licensee (such as a state department of education) to pay the License Fee on Licensee's behalf ("Third Party Payer"). The Licensee, directly or through its Third Party Payer, agrees to pay Oregon the appropriate License Fee within 30 days of receipt of the invoice from Oregon. Any payments provided by Licensee or by the Third Party Payer to Oregon shall be irrevocable by Licensee or Third Party Payer, except as provided in Section 4.B(i) and (ii), and shall be made in U.S. dollars.
- B. Licensee agrees to pay Oregon the appropriate License Fee specified in Attachment A and on subsequent annual invoices, and on supplemental invoices, received, if any, if the Licensee adds additional Authorized Sites mid-year that are approved by Oregon.
- C. Licensee shall complete all financial administration required by Licensee.

### 4. Term and Termination

- A. Term. The initial term of this Agreement shall begin on the Effective Date and shall continue until the following August 31 ("Access Period") followed by a "download data only" eighteen month period ("Inactive Period") if the Agreement is not renewed in accordance with Section 5. The Agreement may also be terminated in accordance with this Section 4. Oregon will activate Licensed Software and website access upon receipt of a completed, signed License Agreement and the License Fee. The Inactive Period is provided by Oregon to Licensee as a reasonable timeframe for Licensee to download and transition its data into another system. No other use of the Licensed Software is permitted by Licensee during the Inactive Period.
- B. Termination.
  - (i) Termination for Default. Breach of any material term or condition of this Agreement by Licensee shall be grounds, at Oregon's sole discretion, for immediate termination of this license. In the case of such termination by Oregon, License Fees shall be non-refundable. Breach of any material term or condition of this Agreement by Oregon shall be grounds, at Licensee's sole discretion, for immediate termination of this license, and in the case of such termination, Licensee shall receive a pro-rated refund of the unused License Fee, such amount to be based on remaining full months of the License as determined by Oregon.
  - (ii) Termination for Convenience. Either party may cancel the Agreement at any time by providing the other party with thirty (30) days prior written notice. In the case of such termination by Oregon, the Licensee shall receive a pro-rated refund of the unused License Fee, such amount to be based on remaining full months of the License as determined by Oregon. In the case of such termination by Licensee, License Fees shall be non-refundable.
- C. No Use after Termination. Upon termination of this Agreement, Licensee and all Authorized Users shall cease using any portion of Licensed Software.
- D. Licensee's Obligations after Termination. Termination of this Agreement shall not extinguish any of Licensee's obligations under this Agreement which by their terms continue after the date of termination.





5. License Renewal

- A. At the end of the initial Access Period, Licensee may renew the Agreement for an additional one year Access Period, and for subsequent one year Access Periods at the end of each additional Access period, by payment of an invoice generated annually from Oregon ("License Renewal"). Any renewal is subject to the approval of Oregon which may be granted or withheld in its sole discretion.
- B. If the License Renewal payment is not received within 60 days following the receipt by the Licensee of the invoice, access to Licensed Software system will expire except as otherwise allowed during the Inactive Period in Section 4.A. Oregon reserves the right to modify the terms of this Agreement for any renewal period including the modification of the fees for any renewal period upon thirty (30) days prior written notice.

6. Delivery

- A. The Licensed Software will be delivered as web-based software for use by the Licensee. It is the responsibility of the Licensee to establish and maintain Internet connections for access to the Licensed Software website(s) and to provide and install suitable Internet web browsers and any other software necessary to access the Licensed Software system(s).
- B. Oregon shall use reasonable efforts to provide continuous availability of and advanced notice of planned interruptions to the Licensed Software through the Internet. It is understood that availability will be subject to periodic interruption due to maintenance of the server(s), installation or testing of software, the loading of new information files, and downtime related to equipment or services outside the control of Oregon including public and private telecommunications services or Internet nodes or facilities.

7. Warranty and Indemnification

- A. Indemnification. To the extent permitted by law, Licensee hereby agrees to indemnify and hold harmless Oregon and its officers, directors, agents, volunteers and employees, from and against any and all claims, demands, damages, costs, and other related items arising or in any way connected with the use of or access to Licensed Software by Licensee or by any third party use of or access to Licensed Software through Licensee. Licensee assumes all liability for decisions made using any data reported from Licensed Software.
- B. NO WARRANTY AND LIMITATION OF LIABILITY. OREGON PROVIDES ACCESS TO LICENSED SOFTWARE ON AN "AS IS" BASIS. LICENSEE AGREES TO BEAR ALL RISKS ASSOCIATED WITH THE USE OF LICENSED SOFTWARE. OREGON MAKES NO REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED. BY WAY OF EXAMPLE, BUT NOT LIMITATION, OREGON MAKES NO REPRESENTATIONS OR WARRANTIES OF MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE (EVEN IF OREGON KNOWS OF SUCH PURPOSE), OR THAT THE USE OF LICENSED SOFTWARE WILL NOT INFRINGE ANY PATENTS, COPYRIGHTS, TRADEMARKS OR OTHER RIGHTS OF THIRD PARTIES. EXCEPT FOR INDEMNITY OBLIGATIONS OR AMOUNTS ACTUALLY DUE FOR PROVISION OF LICENSED SOFTWARE, IN NO EVENT SHALL ANY PARTY'S AGGREGATE LIABILITY UNDER ANY THEORY OR FOR ANY REASON WHATSOEVER EXCEED THE AMOUNTS ACTUALLY PAID BY AND/OR DUE FROM LICENSEE IN THE TWELVE (12) MONTH PERIOD IMMEDIATELY PRECEDING THE EVENT GIVING RISE TO SUCH CLAIM. IN NO EVENT SHALL ANY PARTY AND/OR ITS LICENSORS BE LIABLE TO ANYONE FOR ANY INDIRECT, PUNITIVE, SPECIAL, EXEMPLARY, INCIDENTAL, CONSEQUENTIAL OR OTHER DAMAGES OF ANY TYPE OR KIND (INCLUDING LOSS OF DATA, REVENUE, PROFITS, USE





OR OTHER ECONOMIC ADVANTAGE) ARISING OUT OF, OR IN ANY WAY CONNECTED WITH THE LICENSED SOFTWARE, INCLUDING BUT NOT LIMITED TO THE USE OR INABILITY TO USE THE LICENSED SOFTWARE, OR FOR ANY CONTENT OBTAINED FROM OR THROUGH THE LICENSED SOFTWARE, ANY INTERRUPTION, INACCURACY, ERROR OR OMISSION, REGARDLESS OF CAUSE IN THE CONTENT, EVEN IF THE PARTY FROM WHICH DAMAGES ARE BEING SOUGHT OR SUCH PARTY'S LICENSORS HAVE BEEN PREVIOUSLY ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

- C. Licensee acknowledges and agrees that Oregon's liability, if any, is subject to the limitations and conditions of the Oregon Tort Claims Act, Oregon Revised Statutes sections 30.260-30.300, and the Oregon Constitution, Article XI, Section 7.

#### 8. General

- A. Assignment

This Agreement may not be assigned or transferred by Licensee.

- B. Entire Agreement, Modification, and Waiver

This Agreement sets forth the entire agreement between the parties, and replaces any previous agreement between the parties, with respect to the subject matter hereof, and may not be modified or amended except by written agreement executed by the parties hereto. No waiver, consent, modification, or change of any terms of this Agreement shall be binding unless the same is in writing and signed by both parties and all necessary approvals have been obtained. Such express waiver, consent modification, or change, if made, shall be effective only in the specific instance and for the specific purpose set forth in such signed writing.

- C. Licensee's Authority

Licensee represents and warrants that the individual executing this Agreement on behalf of Licensee is duly authorized to execute and deliver this Agreement on behalf of Licensee in accordance with duly adopted organizational documents or agreements and if appropriate a resolution of Licensee, and that this Agreement is binding upon Licensee in accordance with its terms.

- D. Force Majeure

Oregon's failure to perform any term or condition of this Agreement as a result of conditions beyond its control such as, but not limited to, war, strikes, fires, floods, acts of God, governmental restrictions, power failures, or damage or destruction of any network facilities or servers, shall not be deemed a breach of this Agreement.



# License Agreement & School Information Form

For Internal  
Use Only  
EDOrgID \_\_\_\_\_

NCES School ID \_\_\_\_\_

## School Profile

Country	USA	State/Province	CA	District	Saugus Union School District
School Name	Bridgeport Elementary				
Address	23670 Newhall Ranch Road				
City	Santa Clarita	State/Province	CA	Zip/Postal Code	91355
Mailing Address	23670 Newhall Ranch Road				
City	Santa Clarita	State/Province	CA	Zip/Postal Code	91355
Phone	661-294-5375	Fax	661-286-1598	Website	bridgeport.saugusd.org
Grade Levels From:	K	To:	6	Additional School Information, if applicable	
Administrator Name	Susan Bender	Email*	sbender@saugusd.org	Password**	saugus123

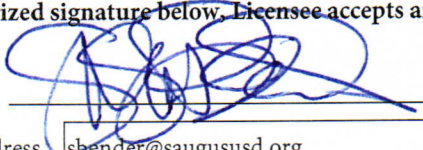
\*Your PBISApps login will be your email address

\*\*This is a temporary password. An individual password will be created the first time you login.

## Billing Profile

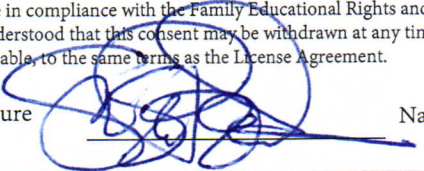
Payer Business Name	Saugus Union School District	Contact Person	Shellie Gibson
Mailing Address	24930 Avenue Stanford	City, State, Zip	Santa Clarita, CA 91355
Email address for invoices	sgibson@saugusd.org		

By authorized signature below, Licensee accepts and agrees to be bound by the terms and conditions of the preceding Agreement:

Signature		Printed Name	Susan Bender	Date	9/9/16
Email Address	sbender@saugusd.org	Licensee desires access to	SWIS		

## Optional Data Sharing Agreement

In addition to receiving access to the Licensed Software, the Licensee, by signature below, agrees to share data in an anonymous format with the Technical Assistance Center for Positive Behavioral Interventions and Supports (PBISTA Center) projects at Oregon including State and District Evaluators for evaluation research and summary. It is understood that the projects are in compliance with the Family Educational Rights and Privacy Act, (34 CFR 99.31(6)) and human subjects regulations (Protection of Human Subjects 45 CFR 46). It is further understood that this consent may be withdrawn at any time for any reason by Licensee. Except as prohibited by law, this Optional Data Sharing Agreement shall be subject, as applicable, to the same terms as the License Agreement.

Licensee Signature		Name & Title	Susan Bender, Principal	Date	9/9/16
--------------------	---	--------------	-------------------------	------	--------

This bottom portion to be filled out by certified SWIS/CICO-SWIS/ISIS-SWIS facilitator.

Facilitator Name	Diane D'Elia	Email	ddelia@saugusd.org
------------------	--------------	-------	--------------------

I affirm, in my judgement the school above meets readiness requirements for adopting SWIS, CICO-SWIS, and/or ISIS-SWIS.

Facilitator Signature		Date	9/9/16
-----------------------	---	------	--------





## License Agreement & School Information Form

For Internal  
Use Only  
EDOrgID \_\_\_\_\_

NCES School ID

### School Profile

Country	USA	State/Province	CA	District	Saugus Union School District
School Name	Cedarcreek Elementary				
Address	27792 Camp Plenty Road				
City	Canyon Country	State/Province	CA	Zip/Postal Code	91351
Mailing Address	27792 Camp Plenty Road				
City	Canyon Country	State/Province	CA	Zip/Postal Code	91351
Phone	661-294-5310	Fax	661-298-3255	Website	cedarcreek.saugusd.org
Grade Levels From:	K	To:	6	Additional School Information, if applicable	
Administrator Name	Robin Payre	Email*	rpayre@saugusd.org	Password**	saugus123

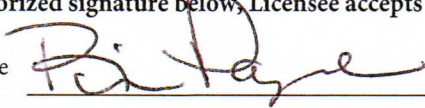
\*Your PBISApps login will be your email address

\*\*This is a temporary password. An individual password will be created the first time you login.

### Billing Profile

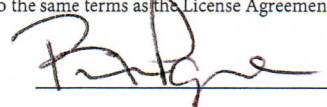
Payer Business Name	Saugus Union School District	Contact Person	Shellie Gibson
Mailing Address	24930 Avenue Stanford	City, State, Zip	Santa Clarita, CA 91355
Email address for invoices	sgibson@saugusd.org		

By authorized signature below, Licensee accepts and agrees to be bound by the terms and conditions of the preceding Agreement:

Signature		Printed Name	Robin Payre	Date	9/9/16
Email Address	rpayre@saugusd.org	Licensee desires access to	SWIS		

### Optional Data Sharing Agreement

In addition to receiving access to the Licensed Software, the Licensee, by signature below, agrees to share data in an anonymous format with the Technical Assistance Center for Positive Behavioral Interventions and Supports (PBISTA Center) projects at Oregon including State and District Evaluators for evaluation research and summary. It is understood that the projects are in compliance with the Family Educational Rights and Privacy Act, (34 CFR 99.31(6)) and human subjects regulations (Protection of Human Subjects 45 CFR 46). It is further understood that this consent may be withdrawn at any time for any reason by Licensee. Except as prohibited by law, this Optional Data Sharing Agreement shall be subject, as applicable, to the same terms as the License Agreement.

Licensee Signature		Name & Title	Robin Payre, Principal	Date	9/9/16
--------------------	---	--------------	------------------------	------	--------

This bottom portion to be filled out by certified SWIS/CICO-SWIS/ISIS-SWIS facilitator.

Facilitator Name	Diane D'Elia	Email	ddelia@saugusd.org
------------------	--------------	-------	--------------------

I affirm, in my judgement the school above meets readiness requirements for adopting SWIS, CICO-SWIS, and/or ISIS-SWIS.

Facilitator Signature		Date	9/9/16
-----------------------	---	------	--------



## License Agreement & School Information Form

For Internal  
Use Only  
EDOrgID \_\_\_\_\_

NCES School ID \_\_\_\_\_

### School Profile


Country	USA	State/Province	CA	District	Saugus Union School District
School Name	Emblem Academy				
Address	22635 Espuella Drive				
City	Saugus	State/Province	CA	Zip/Postal Code	91350
Mailing Address	22635 Espuella Drive				
City	Saugus	State/Province	CA	Zip/Postal Code	91350
Phone	661-294-5315	Fax	661-296-3265	Website	emblem.saugusd.org
Grade Levels From:	Pre-K	To:	6	Additional School Information, if applicable	
Administrator Name	Jon Baker	Email*	jbaker@saugusd.org	Password**	saugus123

\*Your PBISApps login will be your email address      \*\*This is a temporary password. An individual password will be created the first time you login.

### Billing Profile

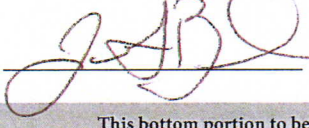
Payer Business Name	Saugus Union School District	Contact Person	Shellie Gibson
Mailing Address	24930 Avenue Stanford	City, State, Zip	Santa Clarita, CA 91355
Email address for invoices	sgibson@saugusd.org		

By authorized signature below, Licensee accepts and agrees to be bound by the terms and conditions of the preceding Agreement:

Signature		Printed Name	Jon Baker	Date	9-9-16
Email Address	jbaker@saugusd.org	Licensee desires access to	SWIS		

### Optional Data Sharing Agreement

In addition to receiving access to the Licensed Software, the Licensee, by signature below, agrees to share data in an anonymous format with the Technical Assistance Center for Positive Behavioral Interventions and Supports (PBISTA Center) projects at Oregon including State and District Evaluators for evaluation research and summary. It is understood that the projects are in compliance with the Family Educational Rights and Privacy Act, (34 CFR 99.31(6)) and human subjects regulations (Protection of Human Subjects 45 CFR 46). It is further understood that this consent may be withdrawn at any time for any reason by Licensee. Except as prohibited by law, this Optional Data Sharing Agreement shall be subject, as applicable, to the same terms as the License Agreement.

Licensee Signature		Name & Title	Jon Baker, Principal	Date	9-9-16
--------------------	---	--------------	----------------------	------	--------

This bottom portion to be filled out by certified SWIS/CICO-SWIS/ISIS-SWIS facilitator.

Facilitator Name	Diane D'Elia	Email	ddelia@saugusd.org
------------------	--------------	-------	--------------------

I affirm, in my judgement the school above meets readiness requirements for adopting SWIS, CICO-SWIS, and/or ISIS-SWIS.

Facilitator Signature		Date	9/9/16
-----------------------	---	------	--------





## License Agreement & School Information Form

For Internal  
Use Only  
EDOrgID \_\_\_\_\_

NCES School ID \_\_\_\_\_

### School Profile

Country	USA	State/Province	CA	District	Saugus Union School District
School Name	James Foster Elementary				
Address	22500 Pamplico Drive				
City	Saugus	State/Province	CA	Zip/Postal Code	91350
Mailing Address	22500 Pamplico Drive				
City	Saugus	State/Province	CA	Zip/Postal Code	91350
Phone	661-294-5355	Fax	661-297-8844	Website	foster.saugusd.org
Grade Levels From:	K	To:	6	Additional School Information, if applicable _____	
Administrator Name	Deborah Bohn	Email*	dbohn@saugusd.org	Password**	saugus123

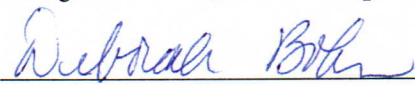
\*Your PBISApps login will be your email address

\*\*This is a temporary password. An individual password will be created the first time you login.

### Billing Profile

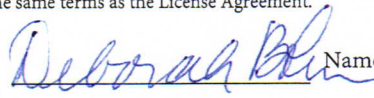
Payer Business Name	Saugus Union School District	Contact Person	Shellie Gibson
Mailing Address	24930 Avenue Stanford	City, State, Zip	Santa Clarita, CA 91355
Email address for invoices	sgibson@saugusd.org		

By authorized signature below, Licensee accepts and agrees to be bound by the terms and conditions of the preceding Agreement:

Signature		Printed Name	Deborah Bohn	Date	9-9-16
Email Address	dbohn@saugusd.org	Licensee desires access to	SWIS		

### Optional Data Sharing Agreement

In addition to receiving access to the Licensed Software, the Licensee, by signature below, agrees to share data in an anonymous format with the Technical Assistance Center for Positive Behavioral Interventions and Supports (PBISTA Center) projects at Oregon including State and District Evaluators for evaluation research and summary. It is understood that the projects are in compliance with the Family Educational Rights and Privacy Act, (34 CFR 99.31(6)) and human subjects regulations (Protection of Human Subjects 45 CFR 46). It is further understood that this consent may be withdrawn at any time for any reason by Licensee. Except as prohibited by law, this Optional Data Sharing Agreement shall be subject, as applicable, to the same terms as the License Agreement.

Licensee Signature		Name & Title	Deborah Bohn, Principal	Date	9-9-16
--------------------	---	--------------	-------------------------	------	--------

This bottom portion to be filled out by certified SWIS/CICO-SWIS/ISIS-SWIS facilitator.

Facilitator Name	Diane D'Elia	Email	ddelia@saugusd.org
------------------	--------------	-------	--------------------

I affirm, in my judgement the school above meets readiness requirements for adopting SWIS, CICO-SWIS, and/or ISIS-SWIS.

Facilitator Signature		Date	9/9/16
-----------------------	---	------	--------



# License Agreement & School Information Form

For Internal  
Use Only  
EDOrgID \_\_\_\_\_

NCES School ID

## School Profile

Country	USA	State/Province	CA	District	Saugus Union School District
School Name	Plum Canyon Elementary				
Address	28360 N. Alfred Way				
City	Saugus	State/Province	CA	Zip/Postal Code	91350
Mailing Address	28360 N. Alfred Way				
City	Saugus	State/Province	CA	Zip/Postal Code	91350
Phone	661-294-5365	Fax	661-297-8625	Website	plumcanyon.saugusd.org
Grade Levels From:	K	To:	6	Additional School Information, if applicable	
Administrator Name	Mary Mann	Email*	mmann@saugusd.org	Password**	saugus123

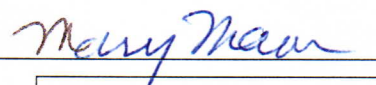
\*Your PBISApps login will be your email address

\*\*This is a temporary password. An individual password will be created the first time you login.

## Billing Profile

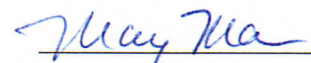
Payer Business Name	Saugus Union School District	Contact Person	Shellie Gibson
Mailing Address	24930 Avenue Stanford	City, State, Zip	Santa Clarita, CA 91355
Email address for invoices	sgibson@saugusd.org		

By authorized signature below, Licensee accepts and agrees to be bound by the terms and conditions of the preceding Agreement:

Signature		Printed Name	Mary Mann	Date	09-09-2016
Email Address	mmann@saugusd.org	Licensee desires access to	SWIS		

## Optional Data Sharing Agreement

In addition to receiving access to the Licensed Software, the Licensee, by signature below, agrees to share data in an anonymous format with the Technical Assistance Center for Positive Behavioral Interventions and Supports (PBISTA Center) projects at Oregon including State and District Evaluators for evaluation research and summary. It is understood that the projects are in compliance with the Family Educational Rights and Privacy Act, (34 CFR 99.31(6)) and human subjects regulations (Protection of Human Subjects 45 CFR 46). It is further understood that this consent may be withdrawn at any time for any reason by Licensee. Except as prohibited by law, this Optional Data Sharing Agreement shall be subject, as applicable, to the same terms as the License Agreement.

Licensee Signature		Name & Title	Mary Mann, Principal	Date	09-09-2016
--------------------	---	--------------	----------------------	------	------------

This bottom portion to be filled out by certified SWIS/CICO-SWIS/ISIS-SWIS facilitator.

Facilitator Name	Diane D'Elia	Email	ddelia@saugusd.org
------------------	--------------	-------	--------------------

I affirm, in my judgement the school above meets readiness requirements for adopting SWIS, CICO-SWIS, and/or ISIS-SWIS.

Facilitator Signature		Date	9/9/16
-----------------------	---	------	--------





## License Agreement & School Information Form

For Internal  
Use Only  
EDOrgID \_\_\_\_\_

NCES School ID \_\_\_\_\_

### School Profile

Country	USA	State/Province	CA	District	Saugus Union School District
School Name	Rio Vista Elementary				
Address	20417 Cedarcreek Street				
City	Canyon Country	State/Province	CA	Zip/Postal Code	91351
Mailing Address	20417 Cedarcreek Street				
City	Canyon Country	State/Province	CA	Zip/Postal Code	91351
Phone	661-294-5330	Fax	661-251-7466	Website	riovista.saugusd.org
Grade Levels From:	K	To:	6	Additional School Information, if applicable _____	
Administrator Name	Gina Nolte	Email*	gnolte@saugusd.org	Password**	saugus123

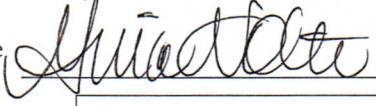
\*Your PBISApps login will be your email address

\*\*This is a temporary password. An individual password will be created the first time you login.

### Billing Profile


Payer Business Name	Saugus Union School District	Contact Person	Shellie Gibson
Mailing Address	24930 Avenue Stanford	City, State, Zip	Santa Clarita, CA 91355
Email address for invoices	sgibson@saugusd.org		

By authorized signature below, Licensee accepts and agrees to be bound by the terms and conditions of the preceding Agreement:

Signature		Printed Name	Gina Nolte	Date	9/9/16
Email Address	gnolte@saugusd.org	Licensee desires access to	SWIS		

### Optional Data Sharing Agreement

In addition to receiving access to the Licensed Software, the Licensee, by signature below, agrees to share data in an anonymous format with the Technical Assistance Center for Positive Behavioral Interventions and Supports (PBISTA Center) projects at Oregon including State and District Evaluators for evaluation research and summary. It is understood that the projects are in compliance with the Family Educational Rights and Privacy Act, (34 CFR 99.31(6)) and human subjects regulations (Protection of Human Subjects 45 CFR 46). It is further understood that this consent may be withdrawn at any time for any reason by Licensee. Except as prohibited by law, this Optional Data Sharing Agreement shall be subject, as applicable, to the same terms as the License Agreement.

Licensee Signature		Name & Title	Gina Nolte, Principal	Date	9/9/16
--------------------	---	--------------	-----------------------	------	--------

This bottom portion to be filled out by certified SWIS/CICO-SWIS/ISIS-SWIS facilitator.

Facilitator Name	Diane D'Elia	Email	ddelia@saugusd.org
------------------	--------------	-------	--------------------

I affirm, in my judgement the school above meets readiness requirements for adopting SWIS, CICO-SWIS, and/or ISIS-SWIS.

Facilitator Signature		Date	9/9/16
-----------------------	---	------	--------



## License Agreement & School Information Form

For Internal  
Use Only  
EDOrgID \_\_\_\_\_

NCES School ID \_\_\_\_\_

### School Profile


Country	USA	State/Province	CA	District	Saugus Union School District
School Name	Santa Clarita Elementary				
Address	27177 Seco Canyon Road				
City	Saugus	State/Province	CA	Zip/Postal Code	91350
Mailing Address	27177 Seco Canyon Road				
City	Saugus	State/Province	CA	Zip/Postal Code	91350
Phone	661-294-5340	Fax	661-297-8631	Website	santaclarita@saugusd.org
Grade Levels From:	Pre-K	To:	6	Additional School Information, if applicable	
Administrator Name	Theophane Korie	Email*	tkorie@saugusd.org	Password**	saugus123

\*Your PBISApps login will be your email address      \*\*This is a temporary password. An individual password will be created the first time you login.

### Billing Profile


Payer Business Name	Saugus Union School District	Contact Person	Shellie Gibson
Mailing Address	24930 Avenue Stanford	City, State, Zip	Santa Clarita, CA 91355
Email address for invoices	sgibson@saugusd.org		

By authorized signature below, Licensee accepts and agrees to be bound by the terms and conditions of the preceding Agreement:

Signature		Printed Name	Theophane Korie	Date	9/9/16
Email Address	tkorie@saugusd.org	Licensee desires access to	SWIS		

### Optional Data Sharing Agreement

In addition to receiving access to the Licensed Software, the Licensee, by signature below, agrees to share data in an anonymous format with the Technical Assistance Center for Positive Behavioral Interventions and Supports (PBISTA Center) projects at Oregon including State and District Evaluators for evaluation research and summary. It is understood that the projects are in compliance with the Family Educational Rights and Privacy Act, (34 CFR 99.31(6)) and human subjects regulations (Protection of Human Subjects 45 CFR 46). It is further understood that this consent may be withdrawn at any time for any reason by Licensee. Except as prohibited by law, this Optional Data Sharing Agreement shall be subject, as applicable, to the same terms as the License Agreement.

Licensee Signature		Name & Title	Theophane Korie, Principal	Date	9/9/16
--------------------	---	--------------	----------------------------	------	--------

This bottom portion to be filled out by certified SWIS/CICO-SWIS/ISIS-SWIS facilitator.

Facilitator Name	Diane D'Elia	Email	ddelia@saugusd.org
------------------	--------------	-------	--------------------

I affirm, in my judgement the school above meets readiness requirements for adopting SWIS, CICO-SWIS, and/or ISIS-SWIS.

Facilitator Signature		Date	9/9/16
-----------------------	---	------	--------





## License Agreement & School Information Form

For Internal  
Use Only  
EDOrgID \_\_\_\_\_

NCES School ID \_\_\_\_\_

### School Profile

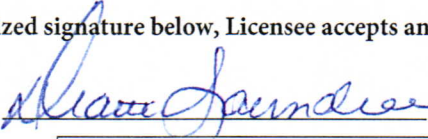
Country	USA	State/Province	CA	District	Saugus Union School District
School Name	Tesoro del Valle Elementary				
Address	29171 North Bernardo Way				
City	Valencia	State/Province	CA	Zip/Postal Code	91354
Mailing Address	29171 North Bernardo Way				
City	Valencia	State/Province	CA	Zip/Postal Code	91354
Phone	661-294-5380	Fax	661-294-1461	Website	tesorodelvalle.saugusud.org
Grade Levels From:	K	To:	6	Additional School Information, if applicable _____	
Administrator Name	Dianne Saunders	Email*	dsaunders@saugusud.org	Password**	saugus123

\*Your PBISApps login will be your email address      \*\*This is a temporary password. An individual password will be created the first time you login.

### Billing Profile

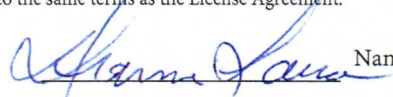
Payer Business Name	Saugus Union School District	Contact Person	Shellie Gibson
Mailing Address	24930 Avenue Stanford	City, State, Zip	Santa Clarita, CA 91355
Email address for invoices	sgibson@saugusud.org		

By authorized signature below, Licensee accepts and agrees to be bound by the terms and conditions of the preceding Agreement:

Signature		Printed Name	Dianne Saunders	Date	9-9-16
Email Address	dsaunders@saugusud.org	Licensee desires access to	SWIS		

### Optional Data Sharing Agreement

In addition to receiving access to the Licensed Software, the Licensee, by signature below, agrees to share data in an anonymous format with the Technical Assistance Center for Positive Behavioral Interventions and Supports (PBISTA Center) projects at Oregon including State and District Evaluators for evaluation research and summary. It is understood that the projects are in compliance with the Family Educational Rights and Privacy Act, (34 CFR 99.31(6)) and human subjects regulations (Protection of Human Subjects 45 CFR 46). It is further understood that this consent may be withdrawn at any time for any reason by Licensee. Except as prohibited by law, this Optional Data Sharing Agreement shall be subject, as applicable, to the same terms as the License Agreement.

Licensee Signature		Name & Title	Diane Saunders, Principal	Date	9-9-16
--------------------	---	--------------	---------------------------	------	--------

This bottom portion to be filled out by certified SWIS/CICO-SWIS/ISIS-SWIS facilitator.

Facilitator Name	Diane D'Elia	Email	ddelia@saugusud.org
------------------	--------------	-------	---------------------

I affirm, in my judgement the school above meets readiness requirements for adopting SWIS, CICO-SWIS, and/or ISIS-SWIS.

Facilitator Signature		Date	9/9/16
-----------------------	---	------	--------



## License Agreement & School Information Form

For Internal  
Use Only  
EDOrgID \_\_\_\_\_

NCES School ID \_\_\_\_\_

### School Profile

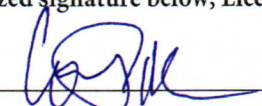
Country	USA	State/Province	CA	District	Saugus Union School District
School Name	West Creek Academy				
Address	28767 N. West Hills Drive				
City	Santa Clarita	State/Province	CA	Zip/Postal Code	91354
Mailing Address	28767 N. West Hills Drive				
City	Santa Clarita	State/Province	CA	Zip/Postal Code	91354
Phone	661-294-5385	Fax	661-294-1932	Website	westcreek.saugusd.org
Grade Levels From:	K	To:	6	Additional School Information, if applicable _____	
Administrator Name	Cory Pak	Email*	cpak@saugusd.org	Password**	saugus123

\*Your PBISApps login will be your email address      \*\*This is a temporary password. An individual password will be created the first time you login.

### Billing Profile

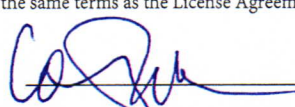
Payer Business Name	Saugus Union School District	Contact Person	Shellie Gibson
Mailing Address	24930 Avenue Stanford	City, State, Zip	Santa Clarita, CA 91355
Email address for invoices	sgibson@saugusd.org		

By authorized signature below, Licensee accepts and agrees to be bound by the terms and conditions of the preceding Agreement:

Signature		Printed Name	Cory Pak	Date	9/9/16
Email Address	cpak@saugusd.org	Licensee desires access to	SWIS		

### Optional Data Sharing Agreement

In addition to receiving access to the Licensed Software, the Licensee, by signature below, agrees to share data in an anonymous format with the Technical Assistance Center for Positive Behavioral Interventions and Supports (PBISTA Center) projects at Oregon including State and District Evaluators for evaluation research and summary. It is understood that the projects are in compliance with the Family Educational Rights and Privacy Act, (34 CFR 99.31(6)) and human subjects regulations (Protection of Human Subjects 45 CFR 46). It is further understood that this consent may be withdrawn at any time for any reason by Licensee. Except as prohibited by law, this Optional Data Sharing Agreement shall be subject, as applicable, to the same terms as the License Agreement.

Licensee Signature		Name & Title	Cory Pak, Principal	Date	9/9/16
--------------------	---	--------------	---------------------	------	--------

This bottom portion to be filled out by certified SWIS/CICO-SWIS/ISIS-SWIS facilitator.

Facilitator Name	Diane D'Elia	Email	ddelia@saugusd.org
------------------	--------------	-------	--------------------

I affirm, in my judgement the school above meets readiness requirements for adopting SWIS, CICO-SWIS, and/or ISIS-SWIS.

Facilitator Signature		Date	9/9/16
-----------------------	---	------	--------





## License Agreement & School Information Form

For Internal  
Use Only  
EDOrgID \_\_\_\_\_

NCES School ID \_\_\_\_\_

### School Profile

Country	United States	State/Province	California	District	Saugus Union School District
School Name	North Park Elementary				
Address	23335 Sunset Hills Dr.				
City	Valencia	State/Province	CA	Zip/Postal Code	91354
Mailing Address	same				
City		State/Province		Zip/Postal Code	
Phone	661-294-5370	Fax	661-297-1480	Website	northpark.saugusd.org
Grade Levels From:	K	To:	6	Additional School Information, if applicable	
Administrator Name	Victoria Kubasak	Email*	vkubasak@saugusd.org	Password**	saugus123

\*Your PBISApps login will be your email address

\*\*This is a temporary password. An individual password will be created the first time you login.

### Billing Profile

Payer Business Name	Saugus Union School District	Contact Person	Shellie Gibson
Mailing Address	24930 Avenue Stanford	City, State, Zip	Santa Clarita, CA 91355
Email address for invoices	sgibson@saugusd.org		

By authorized signature below, Licensee accepts and agrees to be bound by the terms and conditions of the preceding Agreement:

Signature		Printed Name	Victoria Kubasak	Date	11/29/17
Email Address	vkubasak@saugusd.org	Licensee desires access to	SWIS		

### Optional Data Sharing Agreement

In addition to receiving access to the Licensed Software, the Licensee, by signature below, agrees to share data in an anonymous format with the Technical Assistance Center for Positive Behavioral Interventions and Supports (PBISTA Center) projects at Oregon including State and District Evaluators for evaluation research and summary. It is understood that the projects are in compliance with the Family Educational Rights and Privacy Act, (34 CFR 99.31(6)) and human subjects regulations (Protection of Human Subjects 45 CFR 46). It is further understood that this consent may be withdrawn at any time for any reason by Licensee. Except as prohibited by law, this Optional Data Sharing Agreement shall be subject, as applicable, to the same terms as the License Agreement.

Licensee Signature		Name & Title	Vicki Kubasak, Principal	Date	11/29/17
--------------------	--	--------------	--------------------------	------	----------

This bottom portion to be filled out by certified SWIS/CICO-SWIS/ISIS-SWIS facilitator.

Facilitator Name	Diane D'Elia	Email	ddelia@saugusd.org
------------------	--------------	-------	--------------------

I affirm, in my judgement the school above meets readiness requirements for adopting SWIS, CICO-SWIS, and/or ISIS-SWIS.

Facilitator Signature		Date	12/1/17
-----------------------	--	------	---------



# License Agreement & School Information Form

For Internal  
Use Only  
EDOrgID \_\_\_\_\_

NCES School ID

## School Profile

Country	United States	State/Province	California	District	Saugus Union School District
School Name	Highlands Elementary				
Address	27332 Catala Ave.				
City	Saugus	State/Province	CA	Zip/Postal Code	91350
Mailing Address	same				
City		State/Province		Zip/Postal Code	
Phone	661-294-5320	Fax	661-297-8632	Website	highlands.saugusd.org
Grade Levels From:	K	To:	6	Additional School Information, if applicable	
Administrator Name	Susan Bender	Email*	sbender@saugusd.org	Password**	saugus123

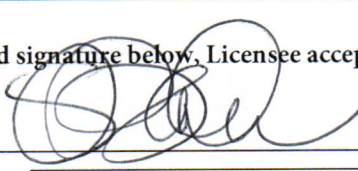
\*Your PBISApps login will be your email address

\*\*This is a temporary password. An individual password will be created the first time you login.

## Billing Profile

Payer Business Name	Saugus Union School District	Contact Person	Shellie Gibson
Mailing Address	24930 Avenue Stanford	City, State, Zip	Santa Clarita, CA 91355
Email address for invoices	sgibson@saugusd.org		

By authorized signature below, Licensee accepts and agrees to be bound by the terms and conditions of the preceding Agreement:

Signature		Printed Name	Susan Bender	Date	11/29/17
Email Address	sbender@saugusd.org	Licensee desires access to	SWIS		

## Optional Data Sharing Agreement

In addition to receiving access to the Licensed Software, the Licensee, by signature below, agrees to share data in an anonymous format with the Technical Assistance Center for Positive Behavioral Interventions and Supports (PBISTA Center) projects at Oregon including State and District Evaluators for evaluation research and summary. It is understood that the projects are in compliance with the Family Educational Rights and Privacy Act, (34 CFR 99.31(6)) and human subjects regulations (Protection of Human Subjects 45 CFR 46). It is further understood that this consent may be withdrawn at any time for any reason by Licensee. Except as prohibited by law, this Optional Data Sharing Agreement shall be subject, as applicable, to the same terms as the License Agreement.

Licensee Signature		Name & Title	Susan Bender, Principal	Date	11/29/17
--------------------	---	--------------	-------------------------	------	----------

This bottom portion to be filled out by certified SWIS/CICO-SWIS/ISIS-SWIS facilitator.

Facilitator Name	Diane D'Elia	Email	ddelia@saugusd.org
------------------	--------------	-------	--------------------

I affirm, in my judgement the school above meets readiness requirements for adopting SWIS, CICO-SWIS, and/or ISIS-SWIS.

Facilitator Signature		Date	12/11/17
-----------------------	---	------	----------





# License Agreement & School Information Form

For Internal  
Use Only  
EDOrgID \_\_\_\_\_

NCES School ID

## School Profile

Country	United States	State/Province	California	District	Saugus Union School District
School Name	Mountainview Elementary				
Address	22201 W. Cypress Pl.				
City	Saugus	State/Province	CA	Zip/Postal Code	91300
Mailing Address	same				
City		State/Province		Zip/Postal Code	
Phone	661-294-5325	Fax	661-297-8637	Website	mountainview.saugusd.org
Grade Levels From:	K	To:	6	Additional School Information, if applicable	
Administrator Name	Katie Demsher	Email*	kdemsher@saugusd.org	Password**	saugus123

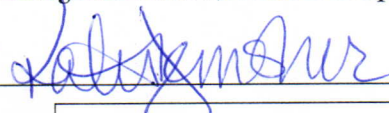
\*Your PBISApps login will be your email address

\*\*This is a temporary password. An individual password will be created the first time you login.

## Billing Profile

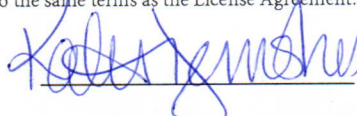
Payer Business Name	Saugus Union School District	Contact Person	Shellie Gibson
Mailing Address	24930 Avenue Stanford	City, State, Zip	Santa Clarita, CA 91355
Email address for invoices	sgibson@saugusd.org		

By authorized signature below, Licensee accepts and agrees to be bound by the terms and conditions of the preceding Agreement:

Signature		Printed Name	Katie Demsher	Date	11/28/17
Email Address	kdemsher@saugusd.org	Licensee desires access to	SWIS		

## Optional Data Sharing Agreement

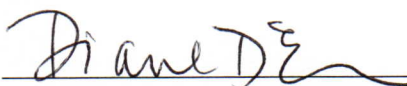
In addition to receiving access to the Licensed Software, the Licensee, by signature below, agrees to share data in an anonymous format with the Technical Assistance Center for Positive Behavioral Interventions and Supports (PBISTA Center) projects at Oregon including State and District Evaluators for evaluation research and summary. It is understood that the projects are in compliance with the Family Educational Rights and Privacy Act, (34 CFR 99.31(6)) and human subjects regulations (Protection of Human Subjects 45 CFR 46). It is further understood that this consent may be withdrawn at any time for any reason by Licensee. Except as prohibited by law, this Optional Data Sharing Agreement shall be subject, as applicable, to the same terms as the License Agreement.

Licensee Signature		Name & Title	Katie Demsher, Principal	Date	11/28/17
--------------------	---	--------------	--------------------------	------	----------

This bottom portion to be filled out by certified SWIS/CICO-SWIS/ISIS-SWIS facilitator.

Facilitator Name	Diane D'Elia	Email	ddelia@saugusd.org
------------------	--------------	-------	--------------------

I affirm, in my judgement the school above meets readiness requirements for adopting SWIS, CICO-SWIS, and/or ISIS-SWIS.

Facilitator Signature		Date	12/1/17
-----------------------	---	------	---------



# License Agreement & School Information Form

For Internal  
Use Only  
EDOrgID \_\_\_\_\_

NCES School ID

## School Profile

Country	United States	State/Province	California	District	Saugus Union School District
School Name	Skyblue Mesa Elementary				
Address	28040 Hardesty Ave.				
City	Canyon Country	State/Province	CA	Zip/Postal Code	91351
Mailing Address	same				
City		State/Province		Zip/Postal Code	
Phone	661-294-5350	Fax	661-298-3260	Website	skybluemesa.saugusud.org
Grade Levels From:	K	To:	6	Additional School Information, if applicable	
Administrator Name	Kimberly Humphries	Email*	khumphries@saugusud.org	Password**	saugus123


\*Your PBISApps login will be your email address

\*\*This is a temporary password. An individual password will be created the first time you login.

## Billing Profile

Payer Business Name	Saugus Union School District	Contact Person	Shellie Gibson
Mailing Address	24930 Avenue Stanford	City, State, Zip	Santa Clarita, CA 91355
Email address for invoices	sgibson@saugusud.org		

By authorized signature below, Licensee accepts and agrees to be bound by the terms and conditions of the preceding Agreement:

Signature		Printed Name	Kimberly Humphries	Date	11/29/17
Email Address	khumphries@saugusud.org	Licensee desires access to	SWIS		

## Optional Data Sharing Agreement


In addition to receiving access to the Licensed Software, the Licensee, by signature below, agrees to share data in an anonymous format with the Technical Assistance Center for Positive Behavioral Interventions and Supports (PBISTA Center) projects at Oregon including State and District Evaluators for evaluation research and summary. It is understood that the projects are in compliance with the Family Educational Rights and Privacy Act, (34 CFR 99.31(6)) and human subjects regulations (Protection of Human Subjects 45 CFR 46). It is further understood that this consent may be withdrawn at any time for any reason by Licensee. Except as prohibited by law, this Optional Data Sharing Agreement shall be subject, as applicable, to the same terms as the License Agreement.

Licensee Signature		Name & Title	Kimberly Humphries, Principal	Date	11/29/17
--------------------	---	--------------	-------------------------------	------	----------

This bottom portion to be filled out by certified SWIS/CICO-SWIS/ISIS-SWIS facilitator.

Facilitator Name	Diane D'Elia	Email	ddelia@saugusud.org
------------------	--------------	-------	---------------------

I affirm, in my judgement the school above meets readiness requirements for adopting SWIS, CICO-SWIS, and/or ISIS-SWIS.

Facilitator Signature		Date	12/1/17
-----------------------	---	------	---------





# License Agreement & School Information Form

For Internal  
Use Only  
EDOrgID \_\_\_\_\_

NCES School ID \_\_\_\_\_

## School Profile

Country	United States	State/Province	California	District	Saugus Union School District
School Name	Rosedell Elementary				
Address	27853 Urbandale Ave.				
City	Saugus	State/Province	CA	Zip/Postal Code	91350
Mailing Address	same				
City		State/Province		Zip/Postal Code	
Phone	661-294-5335	Fax	661-297-8619	Website	rosedell.saugusd.org
Grade Levels From:	K	To:	6	Additional School Information, if applicable	
Administrator Name	Kathy Stendel	Email*	kstendel@saugusd.org	Password**	saugus123

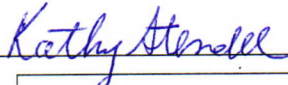
\*Your PBISApps login will be your email address

\*\*This is a temporary password. An individual password will be created the first time you login.

## Billing Profile

Payer Business Name	Saugus Union School District	Contact Person	Shellie Gibson
Mailing Address	24930 Avenue Stanford	City, State, Zip	Santa Clarita, CA 91355
Email address for invoices	sgibson@saugusd.org		

By authorized signature below, Licensee accepts and agrees to be bound by the terms and conditions of the preceding Agreement:

Signature		Printed Name	Kathy Stendel	Date	11/29/17
Email Address	kstendel@saugusd.org	Licensee desires access to	SWIS		

## Optional Data Sharing Agreement

In addition to receiving access to the Licensed Software, the Licensee, by signature below, agrees to share data in an anonymous format with the Technical Assistance Center for Positive Behavioral Interventions and Supports (PBISTA Center) projects at Oregon including State and District Evaluators for evaluation research and summary. It is understood that the projects are in compliance with the Family Educational Rights and Privacy Act, (34 CFR 99.31(6)) and human subjects regulations (Protection of Human Subjects 45 CFR 46). It is further understood that this consent may be withdrawn at any time for any reason by Licensee. Except as prohibited by law, this Optional Data Sharing Agreement shall be subject, as applicable, to the same terms as the License Agreement.

Licensee Signature		Name & Title	Kathy Stendel, Principal	Date	11/29/17
--------------------	---	--------------	--------------------------	------	----------

This bottom portion to be filled out by certified SWIS/CICO-SWIS/ISIS-SWIS facilitator.

Facilitator Name	Diane D'Elia	Email	ddelia@saugusd.org
------------------	--------------	-------	--------------------

I affirm, in my judgement the school above meets readiness requirements for adopting SWIS, CICO-SWIS, and/or ISIS-SWIS.

Facilitator Signature		Date	12/1/17
-----------------------	---	------	---------



# License Agreement & School Information Form

For Internal  
Use Only  
EDOrgID \_\_\_\_\_

NCES School ID

## School Profile

Country	United States	State/Province	California	District	Saugus Union School District
School Name	Charles Helmers Elementary				
Address	27300 Grandview Dr.				
City	Valencia	State/Province	CA	Zip/Postal Code	91354
Mailing Address	same				
City		State/Province		Zip/Postal Code	
Phone	661-294-5345	Fax	661-286-4391	Website	charleshelmers.saugusd.org
Grade Levels From:	K	To:	6	Additional School Information, if applicable	
Administrator Name	Pete Bland	Email*	pbland@saugusd.org	Password**	saugus123

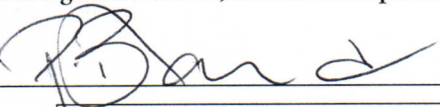
\*Your PBISApps login will be your email address

\*\*This is a temporary password. An individual password will be created the first time you login.

## Billing Profile

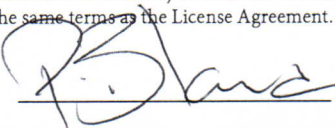
Payer Business Name	Saugus Union School District	Contact Person	Shellie Gibson
Mailing Address	24930 Avenue Stanford	City, State, Zip	Santa Clarita, CA 91355
Email address for invoices	sgibson@saugusd.org		

By authorized signature below, Licensee accepts and agrees to be bound by the terms and conditions of the preceding Agreement:

Signature		Printed Name	Pete Bland	Date	11-29-17
Email Address	pbland@saugusd.org		Licensee desires access to	SWIS	

## Optional Data Sharing Agreement

In addition to receiving access to the Licensed Software, the Licensee, by signature below, agrees to share data in an anonymous format with the Technical Assistance Center for Positive Behavioral Interventions and Supports (PBISTA Center) projects at Oregon including State and District Evaluators for evaluation research and summary. It is understood that the projects are in compliance with the Family Educational Rights and Privacy Act, (34 CFR 99.31(6)) and human subjects regulations (Protection of Human Subjects 45 CFR 46). It is further understood that this consent may be withdrawn at any time for any reason by Licensee. Except as prohibited by law, this Optional Data Sharing Agreement shall be subject, as applicable, to the same terms as the License Agreement.

Licensee Signature		Name & Title	Pete Bland, Principal	Date	11-29-17
--------------------	---	--------------	-----------------------	------	----------

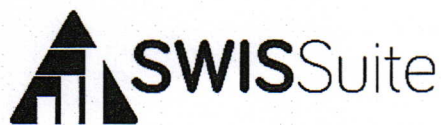
This bottom portion to be filled out by certified SWIS/CICO-SWIS/ISIS-SWIS facilitator.

Facilitator Name	Diane D'Elia	Email	ddelia@saugusd.org
------------------	--------------	-------	--------------------

I affirm, in my judgement the school above meets readiness requirements for adopting SWIS, CICO-SWIS, and/or ISIS-SWIS.

Facilitator Signature		Date	12/1/17
-----------------------	---	------	---------





## Attachment A: License Fees

LICENSEE will pay the following License Fees to OREGON (The fees listed below are per school per academic year per application (SWIS, CICO-SWIS, ISIS-SWIS) a school accesses)

If Licensee is an individual school, the price per bundle of applications is:

1 application (SWIS, CICO-SWIS, ISIS-SWIS)	2 applications (SWIS+CICO- SWIS, SWIS+ISIS- SWIS, CICO- SWIS+ISIS- SWIS)	3 applications (SWIS+CICO- SWIS+ISIS- SWIS)
\$350	\$460	\$570

If Licensee is an organization (e.g., district, ESD, state, grant) purchasing applications for a set of schools, Licensee will be billed at the following tiers:

	1 application (SWIS, CICO-SWIS, ISIS-SWIS)	2 applications (SWIS+CICO-SWIS, SWIS+ISIS-SWIS, CICO-SWIS+ISIS-SWIS)	3 applications (SWIS+CICO- SWIS+ISIS-SWIS)
1-19 schools	\$350	\$460	\$570
20-39 schools	10% discount (\$315)	10% discount (\$414)	10% discount (\$513)
40+ schools	20% discount (\$280)	20% discount (\$368)	20% discount (\$456)

All organizational Licensees have the option to prepay for schools' bundled applications at the appropriate tiered rate. If Licensee does not prepay the Licensee Fee, it will be invoiced upon account setup at the appropriate tier.

License Fees will be prorated from the first full month of access to the application. Applications purchased as a bundle at the initial point of purchase will receive the bundled discount. Applications purchased one at a time throughout the year are each billed at the prorated 1-application rate. All applications initially purchased one at a time will be renewed at any applicable bundled rates.

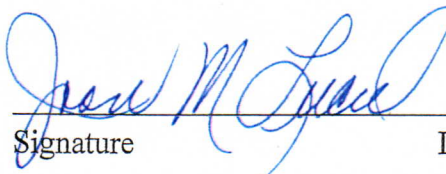


## Attachment B: Privacy and Security

Privacy and security are among our highest priorities for the SWIS Suite. We work diligently to maintain student and teacher privacy and treat all sensitive data and personal information according to the standards in providing education and research tools. This Privacy & Security Statement outlines the specific steps we take to ensure that all sensitive data is treated carefully and appropriately.

### Privacy

The protection of student, staff, and family personal information is critical to our work. As such, PBISApps has endorsed the Student Privacy Pledge (<https://studentprivacypledge.org/>), a strong set of commitments drafted with the involvement of educational non-profit groups, the Software & Information Industry Association, and public sector educational leaders. PBISApps is run by Educational and Community Supports, a research center in the University of Oregon's College of Education. As part of a public research university, we are ineligible to be a signatory to the pledge but have committed to following each aspect of the pledge completely. This privacy statement outlines our commitments and the steps we take to ensure that personal (i.e., individually identifiable) information remains private. For detailed information about our privacy and security commitments, see <https://www.pbisapps.org/Applications/Pages/Confidentiality-and-Security.aspx>.

 9/20/16  
Signature Date

Joan Lucid, Ed.D.  
Superintendent

APPROVED BY BOARD

SEP 20 2016

BY: PMD

**Amendment #1:** Contract amended to include the additional six schools, making a total of fifteen schools using the School Wide Information System (SWIS). Total cost is \$350 per school per year.

\_\_\_\_\_  
Isa DeArmas, Assistant Superintendent of Educational Services

\_\_\_\_\_  
Date