



License Agreement & School Information Form

For Internal Use Only
EDOrgID _____

NCES School ID

School Profile

Country State/Province District

School Name

Address

City State/Province Zip/Postal Code

Mailing Address

City State/Province Zip/Postal Code

Phone Fax Website

Grade Levels From: To: Additional School Information, if applicable

Administrator Name Email* Password**

*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 Contact Person

Mailing Address City, State, Zip

Email address for invoices

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

Signature _____ Printed Name Date

Email Address Licensee desires access to

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 It is further understood that this consent may be withdrawn at any time for any reason by Licensee.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 Date

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

Facilitator Name Email

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

Facilitator Signature _____ Date