

Contract for Service Form

Rock Island-Milan School District 41

VENDOR NAME: Pearson Education (NCS Pearson, Inc) **EMAIL:** _____

ADDRESS: Pearson Assessments, 2601 Green Valley Dr, Bloomington, MN 55437

DATES OF SERVICE TO BE COMPLETED: SY 25-26

SCHOOL DISTRICT CONTACT: Alicia Sanders

COMPENSATION: \$ Not to exceed \$35,000

DESCRIPTION OF DUTIES:

Forms/Assessment materials are ordered multiple times throughout the school year for use district-wide. Orders include IQ tests, academic assessments, speech evaluations, and social-emotional rating scales, all of which are integral to supporting student development and academic progress across the district.

Is this a Subscription/Software: Yes ☒ or No ☐

If NO, go to next section. If YES, complete below, then go to next section (no vendor signature)

Subscription/Software Name: Pearson Education **Website:** pearsonassessments.com

Subscription/Software Start Date: 7/01/25 **End Date:** 6/30/26

SOPPA Approved: Yes ☒ or No ☐

Requesting School: District

Budget Code: 1-5-080-046-1220-3140-0 (online forms) & 1-5-080-046-1220-4100-0 (print forms)

Signature of Vendor: _____ **Date:** _____

Signature of Budget Administrator: _____ **Date:** _____

Superintendent or School Board President

Date