EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

| Provider offers the same privacy pr | otections found in this | S DPA between it and iviii | ion Public Schools ("O | riginating |
|-------------------------------------|---------------------------|------------------------------------|-------------------------|---------------|
| LEA") which is dated <u>4/16/21</u> | , to any other | LEA ("Subscribing LEA") | who accepts this Gen | eral Offer |
| of Privacy Terms ("General Offer" |) through its signature | below. This General Of | fer shall extend only t | to privacy |
| protections, and Provider's signati | ure shall not necessari | ly bind Provider to othe | r terms, such as price | , term, or |
| schedule of services, or to any oth | er provision not addre | essed in this DPA. The Pr | ovider and the Subscr | ribing LEA |
| may also agree to change the data | a provided by Subscrib | oing LEA to the Provider | to suit the unique nee | eds of the |
| Subscribing LEA. The Provider ma | y withdraw the Gene | ral Offer in the event o | f: (1) a material chan | ige in the |
| applicable privacy statues; (2) a n | naterial change in the | services and products I | isted in the originatin | ng Service |
| Agreement; or three (3) years afte | | • | | |
| Subscribing LEAs should send | the signed Exhibit | <u>"E"</u> to Provider at t | he following email | address: |
| sward@efpractice.com | · | | | |
| COCNUTIVE CONNECTIONS II | D | | | |
| COGNITIVE CONNECTIONS LL | .Р | | | |
| BY: Darch Ward, m.s., coolsep | | _{Date:} 4/16/2021 | | |
| | | | | |
| Printed Name: Sarah Ward, N | 1.S., CCC/SLP | _Title/Position: Co-Dire | ector Cognitive Co | nnections,LLP |

2. Subscribing LEA

A Subscribing LEA, by signing a separate Service Agreement with Provider, and by its signature below, accepts the General Offer of Privacy Terms. The Subscribing LEA and the Provider shall therefore be bound by the same terms of this DPA for the term of the DPA between the **Milton Public Schools** and the Provider. **PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. **

By: <u>Thomas P. Martellone</u> Date: <u>2021-12-29</u>

Printed Name: Thomas P. Martellone Title: <u>Director of Innovation and Instructional Technology</u>

SCHOOL DISTRICT NAME: Lexington Public Schools

DESIGNATED REPRESENTATIVE OF LEA:

Name: Thomas P. Martellone

Title: Director of Innovation and Instructional Technology

Address: 146 Maple Street, Lexington, MA 02420

Phone: <u>781-861-2580</u>

Email: tmartellone@lexingtonma.org