

EXHIBIT E: GENERAL OFFERS OF TERMS

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Provider and the Subscribing LEA (named below) agree by signing this General Offer of Privacy Terms (“General Offer”) that they are bound by the same terms as the DPA between Provider and BEAVERTON SCHOOL DISTRICT (“**Originating LEA**”) dated Oct 3, 2025 | 12:14 PM EDT.

Provider and Subscribing LEA agree that the information below will be replaced throughout the DPA with the information specific to the Subscribing LEA filled in below for the Subscribing LEA. This General Offer shall extend only to the terms set forth in this DPA and shall not necessarily bind Provider or Subscribing LEA to any other terms entered into between Provider and Originating LEA. Any commercial terms, such as price, term, or schedule of Services, relating to Subscribing LEA’s use of the Provider’s Services shall be determined solely between Provider and Subscribing LEA.

If Provider makes changes to Exhibit “A” or Exhibit “B” in accordance with sections 1.2 and 1.3 respectively, Provider must complete the Addendum template provided by the A4L Community and notify the Originating LEA and all Subscribing LEAs in accordance with the notification provisions of this DPA, of the Addendum’s existence and contents. With regard to a Subscribing LEA, an Addendum is automatically incorporated into this DPA when Subscribing LEA is notified by Provider. If an Addendum modifies Exhibit “B”, the LEA will have thirty (30) days from receipt to object. If no written objection is received it will become incorporated into the DPA between the parties.

The Provider may withdraw the General Offer (for future use or for LEAs that have not already accepted it) in the event of: (1) a material change in the applicable privacy statutes; or (2) a material change in the Services and products listed in the Service Agreement. Notification of a withdrawal shall be submitted to [ndpa\\_requests@A4L.org](mailto:ndpa_requests@A4L.org).

Subscribing LEAs shall send the signed Exhibit “E” to Provider at the following email address: CONTRACTS@MHS.COM

The below signatory confirms they are authorized to bind their institution to this DPA as in its entirety.

RESOURCE NAME(S):

[ Provider's products and services available via Provider's proprietary platform namely MHS Online ]  
[ Assessment Center + (MAC+) ]  
[ ]  
[ ]

PROVIDER: [ Multi-Health Systems, Inc. ]

Signed By: 

DocuSigned by:

Claudia Roy

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Printed Name: Claudia Roy

Date: Oct 3, 2025 | 12:14 PM EDT

Title/Position: Director, Contracts & Legal Operations

**Exhibit “E” (continued)**

Originating LEA: BEAVERTON SCHOOL DISTRICT

Resource Names: Provider's products and services available via Provider's proprietary platform namely MHS Online Assessment Center + (MAC+)

Provider Name: Multi-Health Systems, Inc.

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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 Originating LEA and the Provider. **\*\*PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER.\*\*** Please note, by signing this Exhibit you are also agreeing to any language that may be included in Exhibits to the Originating DPA beyond this Exhibit “E”. The below signatory confirms they are authorized to bind their institution to this DPA as in its entirety.

Subscribing LEA: Insert Name of Subscribing LEA

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

School District Name: \_\_\_\_\_

**Designated Representative of LEA:**

Name: JAMES ALAN NEWTON Title: MANAGER OF APPLICATION DEVELOPMENT

Address: 1260 NW WATERHOUSE AVE, BEAVERTON, OR 97006

Telephone: 503-356-4416 Email: JIM\_NEWTON@BEAVERTON.K12.OR.US

**Notices to Subscribing LEA:** The Provider and Subscribing LEA are each responsible to promptly notify the other Party of changes to the notice information.

**Security Notices to Subscribing LEA**

Name \_\_\_\_\_  
 Role LEA Security Role  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_

Name \_\_\_\_\_  
 Role LEA Role  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_

With a copy to (if provided):

Name \_\_\_\_\_  
 Address LEA Legal Counsel Postal Address  
 Email \_\_\_\_\_