



Assessment & Learning For Success In Mathematics

Expression of Interest

Date: _____

College/School

Name

Campus/Address

Interests (tick one or both)

- Updates on the progress of the ALSM
- Pilot the ALSM at your college

Date/semester planned to introduce the ALSM

Login Accounts

Expected number of students

Number of administrator login accounts required

Components of the ALSM that are planned to be provided to students

	Yes	Maybe	No
Formal Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remedial Modules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

Notes:

- Information regarding onboarding, including training, will be scheduled and provided to the administrators.
- Please email the completed form to info@vrettalryx.com
- If you have any questions, please email us at info@vrettalryx.com or call us on 1 (866) 522-9228 to speak to one of our ALSM support specialists.