

ATTACHMENT E  
(List of Data Elements)

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| Product Name:   |  |   |
| Contractor Name:  |  |   |
| <b>Instructions: List <u>all</u> Confidential Information collected by the Contractor's product below.</b>  |  |   |
| <p><b>STUDENT INFORMATION:</b></p> <p>First Name <input type="checkbox"/></p> <p>Last Name <input type="checkbox"/></p> <p>Identification Number <input type="checkbox"/></p> <p>Grade Level <input type="checkbox"/></p> <p>Gender <input type="checkbox"/></p> <p>Race/Ethnicity <input type="checkbox"/></p> <p>Username <input type="checkbox"/></p> <p>Password <input type="checkbox"/></p> <p>Classroom <input type="checkbox"/></p> <p>School Name <input type="checkbox"/></p> <p>School Address <input type="checkbox"/></p><br><p>Metadata <input type="checkbox"/></p> <p>Keystroke Data <input type="checkbox"/></p><br><p>Student inputted data (i.e. answers to quizzes, assignments, etc.) <input type="checkbox"/></p><br><p>List data inputted by students:<br/>N/A _____<br/>_____</p> <p>Other Student Information <input type="checkbox"/></p><br><p>List other student information collected:<br/>_____</p> | <p><b>EMPLOYEE INFORMATION:</b></p> <p>First Name <input type="checkbox"/></p> <p>Last Name <input type="checkbox"/></p> <p>Title <input type="checkbox"/></p> <p>Email Address <input type="checkbox"/></p> <p>School Name <input type="checkbox"/></p> <p>Username <input type="checkbox"/></p> <p>Password <input type="checkbox"/></p> <p>Other Employee Information <input type="checkbox"/></p><br><p>List other employee information collected:<br/>_____<br/>_____</p> <p>Above noted information will only be provided as deemed necessary for context and/or drafting of messaging and other communications collateral in relation to the crisis/communication support needed.</p> | <p><b>PARENT INFORMATION:</b></p> <p>First Name <input type="checkbox"/></p> <p>Last Name <input type="checkbox"/></p> <p>Title <input type="checkbox"/></p> <p>Email Address <input type="checkbox"/></p> <p>School Name <input type="checkbox"/></p> <p>Username <input type="checkbox"/></p> <p>Password <input type="checkbox"/></p><br><p>Other Parent Information <input type="checkbox"/></p><br><p>List other parent information collected:<br/>_____<br/>_____</p> |

**OTHER DATA:**

List **any and all** other information that will be collected by the Contractor's product that has not otherwise been listed:

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