



Colorado Department of Education

District Body of Evidence and/or District Assessment Submission to Post High School Diploma Endorsement for Biliteracy

General Information

District: _____

Mailing Address: _____

Street Address

City

State

ZIP Code

District Administrator: _____

First Name

Last Name

()

Email Address

Phone

Diploma Endorsement for

Biliteracy Coordinator: _____

First Name

Last Name

()

Email Address

Phone

High School(s): _____

**For questions regarding this application, contact
Lulu Buck 303-866-6198, buck_l@cde.state.co.us**

MEASURES OF LANGUAGE PROFICIENCY

Describe how proficiency in both languages will be measured for all students pursuing the High School Diploma Endorsement for Bilingual. Attach all rubrics, scoring guides and assessments for each measure and must be included for all 4 domains of language: reading, writing, speaking and listening. Attach more pages for additional measure as necessary. Provide description of each measure and/or evidence if necessary.

Certification/Signatures

WE, THE UNDERSIGNED, CERTIFY that the information contained in the application is complete and accurate to the best of our knowledge, and that the necessary assurances of compliance with Senate Bill 17-123 rules and regulations will be met.

WE GIVE PERMISSION to post this approved program application and all supporting documents on the Colorado Department of Education website to share effective practices with other school districts.

Signature of Superintendent

Date Signed

Signature of District Administrator

Date Signed

Signature of Diploma Endorsement for Bilingual Coordinator

Date Signed

Please submit a paper or electronic (PDF) copy to:

Colorado Department of Education
ATTN: Lulu Buck
Unit of Federal Programs Administration
1560 Broadway Suite 1100
Denver, CO. 80202

