



Colorado Department of Education

District Body of Evidence and/or District Assessment Submission to Post Seal of Biliteracy for High School Diplomas

General Information

District: _____

Mailing Address: _____

Street Address

City

State

ZIP Code

District Administrator: _____

First Name

Last Name

()

Email Address

Phone

Seal of 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 seal of biliteracy. 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 Seal of Biliteracy 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

