**Body of Evidence – Local Assessment Tool Template Letter**

*Instructions: Please copy and paste the following letter onto District letterhead, make all appropriate modifications and fill in any blanks in the form with your district/school information highlighted in yellow. Information in blue is optional. Please submit this form in the Accreditation Portal by October 15, 2025.*

June 25, 2025

Susana Córdova, Commissioner

Colorado Department of Education

201 East Colfax Avenue, Room 500

Denver, CO 80223

Dear Commissioner Córdova,

XX School District is requesting a reconsideration of the preliminary district/school performance framework rating, based on a body of evidence. The initial district/school rating was: XX. We are requesting a rating of XX based on the data shared below.

Currently, XX school/district serves grades XX to XX. For a more comprehensive evaluation of the academic performance of the grade levels that are not reflected within the current performance framework, XX School District submitted a completed local assessment tool (along with this narrative) containing name of local assessment(s) included for analysis (e.g., iReady, NWEA MAP, STAR, Acadience) assessment subjects (i.e., English Language Arts and Math; Spanish Language Arts) results for grade levels included in the tool. These data reflect the local assessment information available for these grade levels. As the tool demonstrates, the inclusion of local data meets the threshold for a request to reconsider.

**OPTIONAL:** Our district/school plans to implement the following improvement strategies to demonstrate an upward trajectory of student performance in next year’s framework and to sustain continuous improvement efforts across all grade levels:

* To strengthen the district narrative, describe improvement strategies and plans to improve for next year.

Because the inclusion of this local assessment data demonstrates that our school/district rating would be one level above our current rating, we respectfully request a XX rating for XX school/district.

Thank you for your consideration.

Sincerely,

Board President Name/Signature Superintendent Name/Signature

President, Board of Education Superintendent of Schools

**Note: Signatures are optional and not required. However, district leadership (i.e., Superintendent/Board President) should be aware of all request to reconsider submissions.**