



Colorado Department of Education

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



District: Summit School District

Mailing Address: PO Box 4
Street Address
Frisco, CO 80443
City State ZIP Code

District Administrator: **Lana McLaughlin**
First Name Last Name
lana.mclaughlin@summitk12.org (970) 368-1000
Email Address Phone

Diploma Endorsement for
Dual Language

Coordinator: **Leslie Davison**
First Name Last Name
leslie.davison@summitk12.org (970) 368-1427
Email Address Phone

High School(s): Summit High School

Describe how proficiency in both languages will be measured for all students pursuing the High School Diploma Endorsement for 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.

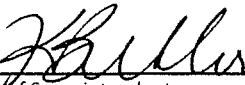
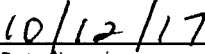
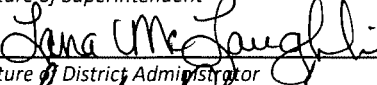
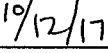

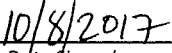
Requirements for a Summit Seal of Biliteracy

- SAT is used to measure academic achievement. Student must score a 430 or above on the reading/writing portion.
- AAPPL * is used to measure 2nd or 3rd language proficiency. Student must demonstrate an 15 (intermediate high) or above. *Portfolio sample is used if language is not assessed by AAPPL.
- Student gives a 2-3 minute oral demonstration of proficiency in both English and their second language in front of a community audience in April.



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 Dual Language Coordinator	 _____ Date Signed

