Educator Talent Division

**Rule Revision Request Form**

**Name of person completing this form:**

**Organizational affiliation:**

**Role:**

**E-mail Address:**

**Phone #:**

**Will you be the sponsor of this request throughout the process?** [ ]  **Yes** [ ]  **No**

**If no, who will be the sponsor?**

| Requirement | Revision Request Details |
| --- | --- |
| Name of existing rule or endorsement (include CCR citation) |  |
| Statutory (C.R.S.) Citation |  |
| Individual Responsible (Sponsor) |  |
| CDE Sponsoring Unit |  |
| Summary of need (make sure the needs assessment form is already completed and use it to inform this summary) |  |
| Summary of change or addition being requested |  |
| Number of educators expected to be impacted by the rule update/change/addition |  |
| Number of students expected to be impacted by the rule update/change/addition |  |