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
Lindsay Swanton 303.866.6298, Swanton_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 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 Diploma Endorsement for Biliteracy Coordinator   *Date Signed*

Please submit a paper or electronic (PDF) copy to:
Colorado Department of Education
ATTN: Lindsay Swanton
Unit of Federal Programs Administration
1560 Broadway Suite 1100
Denver, CO. 80202

COLORADO
Department of Education