**Insufficient State Data Template Letter**

*Instructions: Please copy and paste the following letter onto District letterhead, make all appropriate modifications, retrieve the required signatures, and fill in any blanks in the form with your district/school information highlighted in yellow. Please submit this form, along with your* [*District and School Accreditation and Request to Reconsider Form*](http://www2.cde.state.co.us/scripts/AccreditationForm/) *via Syncplicity (*[*https://my.syncplicity.com/*](https://my.syncplicity.com/)*) in the “Request to Reconsider” folder by October 16, 2019.*

August 14, 2019

Dr. Katy Anthes, Commissioner

Colorado Department of Education

201 East Colfax Avenue, Room 500

Denver, CO 80223

Dear Commissioner Anthes,

XX School District is requesting a reconsideration of the preliminary district/school performance framework rating, based on the participation rates and representativeness of the 2019 state assessment data in our school/district. The initial school/district rating was: XX. We are requesting a rating of Insufficient State Data: Low Participation, based on the data shared below.

Due to describe reason, we had very limited participation in state assessments in our district of less than 85% participation. Specifically, the participation rates were as follows:

|  |  |  |  |
| --- | --- | --- | --- |
|  | English Language Arts | Math | Science |
| Elementary |  |  |  |
| Middle |  |  |  |
| High  |  |  |  |

In addition to the participation rates noted above, the students that did participate are not representative of our entire population, as evidenced by a few data points.

* How students who tested compare to the entire population in terms of previous/current achievement levels in ELA and math (for example, the RIT score of students who tested compared to those that did not test).
* At the district level, the grades represented by those who tested/didn’t test
* Other (i.e. demographics, students with disabilities, English language learners)

Based on the fact that the percentage of students that tested in our school/district is limited (approximately XX%) and that these students do not fully represent our entire student population, we respectively request an Insufficient State Data: Low Participation rating for XX school/district.

Thank you for your consideration.

Sincerely,

Board President Signature Superintendent Signature

President, Board of Education Superintendent of Schools