

Assurances 2016

Submission process



COLORADO
Department of Education

Assurance Process for 2016

Each year, by July 1st, Colorado districts and BOCES are required to submit assurances that they are implementing the State Model Evaluation System or another evaluation system that is aligned with Senate Bill 10-191 and State Board Rules.

In an effort to reduce the burden on districts and BOCES the assurances will be collected using Wufoo (an online form similar to Survey Monkey). Below are step-by-step instructions for submitting your district/BOCES assurances. Wufoo is very simple to use, but you will need to prepare all of your data and materials prior to going into the system as **you are unable to save and return to it later.**

1. Click on the link to access the form
<https://educatoreffectiveness.wufoo.com/forms/assurances-2016/>
2. You will be directed to the Assurances 2016 form.



Assurances 2016

Implementation of Great Teachers and Leaders Act (S.B. 10-191)

Beginning in July 2013, and by July 1 of each year thereafter, the Colorado Department of Education (CDE) will collect an assurance from each school district and BOCES indicating that the district or BOCES is either implementing the state model system or is implementing its own distinctive personnel evaluation system that adheres to the requirements in section 5.01 for teachers and principals, and 4.04 for specialized service professionals of the [SB191 Rules](#).

These assurances must be signed by (1) the executive director of the BOCES or superintendent of the district, and (2) the chair of the local school board or BOCES. A checklist of essential elements of a licensed educator evaluation system has been created to support districts and BOCES in completing these assurances. Please use the checklist to ensure that your district/BOCES is in adherence with the State Board Rules for written evaluation systems and keep the checklist on file at your district/BOCES.

If you should have any questions while completing your assurances, please contact [Tricia Majors](#) (303)866-6678.

Name *

First Last

Email *

Are you submitting your assurances on
behalf of a district or a BOCES? *

☒ District

☐ BOCES

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3. Indicate whether you are submitting your assurance on behalf of a district or BOCES. Depending on your choice, you will be routed to either the district or BOCES page.

Are you submitting your assurances on behalf of a district or a BOCES? *

☒ District ☐ BOCES

4. Select your district/BOCES from the drop down list

Name of District *

Please select the name of your ▼

Please select the name of your district

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Name of BOCES

Please select the name of your ▼

Please select the name of your BOCES

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5. Select the correct option for each of the categories of licensed personnel listed: Choose “**State Model**” if you are implementing the Colorado State Model Evaluation System, “**Local Evaluation**” if you are implementing a locally developed system or a vendor system (ie: Danielson, Marzano, etc.), and “**Not Employed by the District/BOCES**” if you do not employ the category of licensed personnel in your District/BOCES. You may make multiple selections if you are using a combination of the State Model and other evaluation systems to evaluate any of the categories listed. (Example: One district has several zones, one zone is using the State Model, another zone may be using the Danielson Framework, and a third using a locally created system.)

Please select in each section the option to indicate which evaluation system is being used to evaluate each category of licensed personnel. Use the notes section to provide additional information if desired.

I hereby certify that this District/BOCES assures the following:

1. The school district/BOCES has adopted the following evaluation systems to evaluate their licensed personnel:

Principal: *

- ☒ State Model
☐ Local Evaluation
☐ Not Employed by District/BOCES

Notes:

Teacher: *

- ☒ State Model
☐ Local Evaluation
☐ Not Employed by District/BOCES

Notes:



6. Indicate whether, or not, your District/BOCES is meeting the requirements for Written Evaluation Systems. A checklist of the *Essential elements of a local personnel evaluation system* is available to assist you in determining your status.

2. The school district/BOCES has reviewed all of the required elements of a local evaluation system and verified that its evaluation system meets these requirements outlined in sections 5.01 for teachers and principals and 4.04 for specialized service professionals.

See the [Checklist of Essential Elements of a Local Personnel Evaluation System](#) document for a list of the essential elements of a local evaluation system. If your district/BOCES is unable to assure that it is meeting any of the requirements included in the checklist, please indicate a NO below and prepare a plan for how your district/BOCES will address any missing items. CDE will contact you to arrange a review of your plan.

Meets Requirements: *

☐ Yes

☐ No

Notes:

7. Verify your District/BOCES web address and provide an update if necessary.

3. The school district's/BOCES written evaluation system, as required by section 22-9-106 (1), C.R.S., is available to view on the CDE website. You can review your previously submitted websites by viewing the summary of [Assurances submitted in 2015](#).

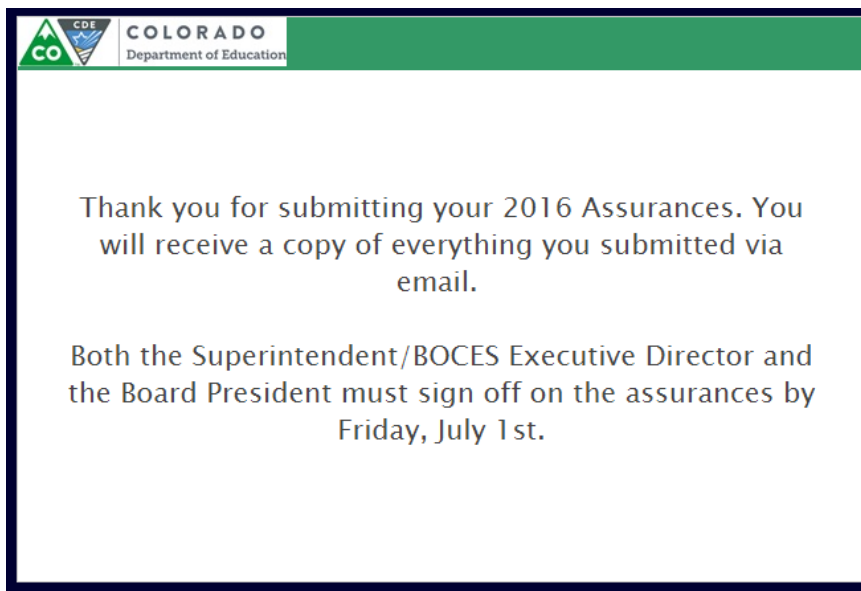
If your website has changed, please provide the new address in the space below:



- When you have finished completing the form, click the submit button at the bottom of the page.

Submit

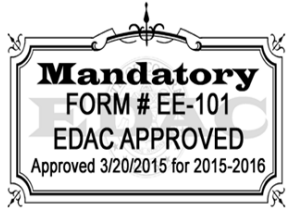
- Once submitted, you will receive a confirmation message. Please note you will also receive a copy of everything you submitted via email.





10. **After receiving an email with a copy of everything you submitted, print the report. The assurances need to be signed by the Superintendent/BOCES Executive Director, and the School Board President/BOCES Board Chairperson. Email the signed copy to Tricia Majors majors_t@cde.state.co.us using the **Subject line: 2016 Signed Assurances** by **Friday, July 1st** and keep a copy for your files.

Here is a copy of your 2016 submitted assurances. Please print, sign and scan back to Tricia Majors majors_t@cde.state.co.us with the subject line: 2016 Signed Assurances by Friday, July 1st.



X _____
Superintendent or BOCES Director (Print)

X _____
Superintendent or BOCES Director (Sign)

X _____
Board President (Print)

X _____
Board President (Sign)

Assurances 2016

Name *	Tricia Majors
Email *	majors_t@cde.state.co.us
Are you submitting your assurances on behalf of a district or a BOCES? *	District
Name of District *	FRENCHMAN RE-3
Please select in each section the option to indicate which evaluation system is being used to evaluate each category of licensed personnel. Use the notes section to provide additional information if desired.	
I hereby certify that this District/BOCES assures the following:	
1. The school district/BOCES has adopted the following evaluation systems to evaluate their licensed personnel:	
Principal:	
Teacher *	State Model
Specialized Service Professional Section 4.04 15-16 SY	State Model
School Audiologist: *	
Specialized Service Professional Section 4.04 15-16 SY	State Model