I wish to receive the Seal of Biliteracy and a special seal on my diploma.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pending the final semester of high school coursework, I have successfully completed all Kansas City Public Schools requirements for graduation;

ONE of the following:

* I have achieved a 18 or higher on the ACT Reading; or
* I have achieved a score of Proficient or Advanced on the English 10 End of Course (EOC) exam;
* I have achieved a 4.0 overall or greater on the ACCESS for ELLs test.

AND ONE of the following:

* I have achieved a 3 or higher on an AP Language and Composition or Literature and Composition exam during Grade 11; or
* I have achieved a 4 or higher on an IB Language B standard or higher level; or
* I have achieved an Intermediate Mid or higher on the Standards-based Measurement of Proficiency (Stamp4S) exam.

AND the following:

* I have completed and submitted an independent project that evidences my sociocultural competence.

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Student Signature of Verification Date

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Counselor’s Signature of Verification Date

For Office Use Only:

Date:

|  |  |  |
| --- | --- | --- |
| ELA  Test:  Score: | LOTE  Test:  Score: | Sociocultural Competency:  Portfolio Submitted Y/N  Panel presentation scheduled (if needed) Y/N |

The student met the requirements for:

Missouri Seal of Biliteracy Missouri Distinguished Seal of Biliteracy

Seal of Biliteracy Coordinator

Name: Signature: