| **Name of Grant Program**: English Learner Education Support  | **Fund Code: 181** |
| --- | --- |

## PART IV - SCHOOL DISTRICT ASSURANCE

**As Superintendent, I support the participation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Schools in the English Learner Education Support grant as outlined below: (select the goal(s) you are applying for)**

[ ] **Goal 1:** Develop and/or implement an alternative bilingual ELE program for English learners including any of the programs listed below:

* [Two-Way Immersion (TWI) ](https://www.doe.mass.edu/ele/programs/tbe.docx)
* [Transitional Bilingual Education (TBE)](https://www.doe.mass.edu/ele/programs/tbe.html)
* Other bilingual program types approved by the Department if the district can substantiate that the proposed program is based on [sound educational theory ](https://www.doe.mass.edu/ele/resources/castaneda-three-pronged-test.docx). See below for description of characteristics of a program based on sound educational theory.

Proposed programs must be based on best practices in the field, the linguistic and educational needs of ELs and the demographic characteristics of the EL population in the school district. Furthermore, a school district may join with other school districts to provide an English learner program.

[ ] **Goal 2**: Create (and cultivate) or continue a "grow your own" **bilingual education hub** that would support and encourage statewide initiative and collaboration, improve the Bilingual Education educator pipeline, share knowledge to accelerate the adoption of proven and recognized programmatic models for English learners, and develop successful models that can be replicated for years to come

[ ] **Goal 3:** Develop high quality ESL and/or dual language curriculum or enrich the existing ESL and/or dual language curriculum, or align purchased curricular materials to WIDA Standards, MA Frameworks that prioritizes deeper learning and the linguistic and academic needs of multilingual learners.

## PART IV - SCHOOL DISTRICT ASSURANCE

| **School District:** |  |
| --- | --- |
| **Typed Name of Superintendent:** |  |
| **Superintendent’s Signature:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **Date:** |  |