| **Name of Grant Program**: Alternative ELE Programs – All Levels | **Fund Code: 187** |
| --- | --- |

## PART IV - SCHOOL DISTRICT ASSURANCE

**As Superintendent, I support the participation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Alternative**

**(District name)**

**ELE Programs - All levels grant as outlined below**: (select the goal(s) you are applyingfor)

**☐ 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)

• Transitional Bilingual Education (TBE) as defined in M.G.L. c. 71A, § 2

• Other bilingual program types approved by the Department if the district is able to substantiate that the proposed program is 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) 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.

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