



Saint Louis Public Schools Missouri Seal of Biliteracy Application



Pending the final semester of high school coursework, I have successfully completed Saint Louis Public Schools' requirements for graduation:

Name: _____ **Date of birth:** _____
LAST FIRST

School: _____ **Grade:** _____

I am proficient in **English** and _____
LANGUAGE/S

I am applying for:

- Missouri Seal of Biliteracy Missouri Distinguished Seal of Biliteracy

I am submitting the following evidence:

Criteria	Evidence
English* *Include score reports	<input type="checkbox"/> English II EOC Score _____ <i>or</i> <input type="checkbox"/> ACT Score _____ <i>or</i> <input type="checkbox"/> ACCESS for ELLs Score _____ Year _____
Language/s other than English	<input type="checkbox"/> I would like to schedule a test in _____ <i>and/or</i> <small style="margin-left: 150px;">LANGUAGE/S</small> <input type="checkbox"/> I am submitting Language Portfolio in _____ <i>or</i> <small style="margin-left: 150px;">LANGUAGE/S</small> <input type="checkbox"/> I am submitting my IB Language test scores in _____ <small style="margin-left: 150px;">LANGUAGE/S</small>
Sociocultural Competency	<input type="checkbox"/> I turned in my sociocultural competency essay <i>and/or</i> sociocultural competency activity log.

Student Signature: _____ **Date:** _____

School Counselor Use Only

I have verified the above mentioned information and confirmed its accuracy.

Counselor's Name: _____ **Signature:** _____ **Date:** _____

SLPS Seal of Biliteracy Coordinator use only

Test Name & Score _____ *or* **Portfolio Requirements Met/Not Met:** _____

Sociocultural Competency Points Earned: _____

The student met district requirements for:

Missouri Seal of Biliteracy Missouri Distinguished Seal of Biliteracy

SLPS Seal of Biliteracy Coordinator's Name: _____ **Signature:** _____ **Date:** _____