**New York State Seal of Biliteracy**

**District/School Culminating Project Form - 2019-2020**

The Office of Bilingual Education and World Languages will be scheduling school visits to sample and observe Seal of Biliteracy Culminating Projects and provide feedback and support to schools. Please provide the date(s), time(s), and location(s) of the Culminating Project presentations as well as the language(s) in which the presentations will be given. This form must be submitted **each year** the school offers the Seal by no later than **April 15th**. If your school/district is selected, you will be notified by no later than April 30th with the date/time of visit and the name and contact information of the OBEWL representative that will be present.

If your district has more than one school that offers the Seal **and** the Culminating Project Presentations will take place at different locations, please submit a separate form for each location. If presentations will take place at the same location on the same dates, only one form need be submitted.

**Submit this information electronically using the following link by April 15:** [**https://forms.gle/8nYmjQJmRxZR3cX59**](https://forms.gle/8nYmjQJmRxZR3cX59)

**District/School information**

|  |  |
| --- | --- |
| **District Name:**  |       |
| **School Name(s)** |       |
| **Contact Person:** |       | Phone:       |
| **Email:** |       |

**Date(s), Time(s), Location and Languages of Culminating Project Presentations**

|  |  |
| --- | --- |
| **Location of presentations:** |       |
| **Street:** |       |
| **City:** |        | County       | Zip       |
| **Contact person at location:*****(if different from above)*** |       | Phone:       |
| **Email:** |       |
| **Date(s) / time(s) of presentations:** |       |
| **Language(s) of presentations** |       |

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| **Superintendent/Chief Administrative Officer or designee electronic signature**By entering your name below, you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form. |
| **Name**:      | **Title:**       |
| **Email:**  | **Date:**       |

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**Questions regarding this form can be directed to** **obewldocsubmit@nysed.gov** **or via phone at (518) 474-8775.**