



## BILINGUAL OR DUAL-IMMERSION APPLICATION

District Name:

School Name:

District LEA Number:

School LEA Number:

Primary Point of Contact:

Phone Number:

Email:

Secondary Point of Contact:

Phone Number:

Email:

1. Which type of program is the district applying to implement at this school?

Bilingual: \_\_\_\_\_ Dual Immersion: \_\_\_\_\_ Partner language: \_\_\_\_\_

**Provide a summary of the district's roll-out and implementation plan.**

*As applicable, describe the roll out plan (i.e. by grade level or by academic year).*

2. Describe the process for selecting learners for BDI program participation.

*How will parents apply for enrollment of their student in the BDI program? How will students be selected for participation?*



**3. Describe the language allocation plan utilized in the district's BDI program and the language distribution plan.**

*For example, is it 50/50, 90/10, 80/20, or another configuration? Include a description of day-to-day and through-year language allocation.*

**4. Describe the literacy instruction plan to explicitly address scientific reading instruction (Act 1063 of 2017) for both languages in the district's BDI program.**

**5. Describe the district's process for selecting, adopting, and implementing high-quality curriculum for the proposed BDI program.**

**6. Describe how the proposed program's success will be monitored and evaluated annually for effectiveness and to guide program improvements.**

**7. Provide any additional information that may be beneficial to the DESE BDI Program Approval Committee in making a determination:**



### BDI Program Implementation Statement of Assurance

I certify that   
(Name of District)

- meets or exceeds the minimum curriculum standards and requirements established by the Arkansas State Board of Education.
- participates in all statewide assessments conducted in English.
- assesses in the partner language and English for progress monitoring/formative assessment purposes in the BDI program.
- educators instructing in the partner language are fluent in both English and the partner language, possessing proficiency in both written and oral communication.
- will employ highly-qualified **licensed** educators to deliver bilingual or dual-immersion instruction.

\_\_\_\_\_  
Signature of Superintendent or designee  
  
Full Name of Superintendent or designee (Please Print)

Date

\_\_\_\_\_  
Signature of Principal  
  
Full Name of Principal (Please Print)

Date

Email completed application to:  
**ADE.BDI@ade.arkansas.gov**  
Arkansas Department of Education  
Division of Elementary and Secondary Education  
Learning Services




**For DESE use only:**

Approval start date:

Approval expiration date:

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