



Seal of Biliteracy Assessment Approval Form

Illinois State Seal of Biliteracy

Name of Assessment:

Upon completion, please submit this form to biliteracy@isbe.net

Criteria	Results
1. Does the assessment address the required domains of reading, writing, listening, and speaking?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the assessment meet Illinois's definition of standardization (section (a)(1)(A)(iv)) , and if so, how?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. Which entities currently use the assessment?	
2b. Who is this assessment intended for?	
3. Is the assessment accessible in Illinois?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a. Who can proctor the assessment and what are the qualifications to become a proctor?	

3b. Where can the assessment be taken?	
4. Is the assessment aligned to ACTFL or CEFR?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. How was the test aligned to those standards?	
4b. Is there technical documentation regarding its development and psychometric properties?	
<i>*Required for approval per Title 23, Part 680 section (a)</i>	