

**Ashland School District 5**

Code: **IGBHA-AR(2)**  
Revised/Reviewed: 6/12/17

**Evaluation of Alternative Education Programs - District Summary**  
(for district use only)

The district's alternative education programs evaluator should complete the following and file with materials submitted by the alternative education program coordinator.

Program Name \_\_\_\_\_ Date \_\_\_\_\_

Program Coordinator \_\_\_\_\_

**Staff**

- 1.    Meets criteria    Does not meet criteria

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Curriculum**

- 1.    Meets criteria    Does not meet criteria

Comments: \_\_\_\_\_  
\_\_\_\_\_

- 2.    Meets criteria    Does not meet criteria

Comments: \_\_\_\_\_  
\_\_\_\_\_

- 3.    Meets criteria    Does not meet criteria

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Discrimination**

- 1.    Meets criteria    Does not meet criteria

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Registration**

1.  Meets criteria  Does not meet criteria

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Site Evaluation**

1.  Meets criteria  Does not meet criteria

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Tuition and Fees**

1.  Meets criteria  Does not meet criteria

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Contract**

1.  Meets criteria  Does not meet criteria

Comments: \_\_\_\_\_  
\_\_\_\_\_

2.  Meets criteria  Does not meet criteria

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Expenditures**

1.  Meets criteria  Does not meet criteria

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
District Evaluator Signature