

Evaluation of Alternative Education Programs

Date _____

Dear Alternative Education Program Coordinator:

In accordance with OAR 581-022-1350, the district is required to evaluate alternative education programs annually. Please provide documentation required below and return to the Corvallis School District office at 1555 SW 35th Street, Corvallis, Oregon no later than April 10. Please include the program name, program coordinator, and telephone number. A copy of the district's written evaluation shall be provided to the program coordinator.

Staff

1. Have criminal records checks requirements been met?

*Provide list of individuals subject to criminal records checks and copy of Form 2283 from the Oregon Department of Education.

Curriculum

1. Are students receiving instruction in the state academic content standards earn diploma credits?

*Attach supportive documentation including such evidence as program overview, curriculum guide, course syllabi, or other material that demonstrates that program curriculum is aligned with standards.

2. Are Oregon Statewide Assessments administered and the results reported annually to students, parents, and the school district?

*Attach copy of summary report and sample of information reported to student, parents and the school district.

3. Are students receiving, at least annually, a report of academic progress?

*Attach copy of report used.

Discrimination

1. Does the program comply with nondiscrimination requirements of law-program does not discriminate based on age, disability, national origin, citizenship, gender, race, marital status, linguistic background, culture, capability, geographic location, religion, or sexual orientation?

*Attach student enrollment/withdrawal summary based on above criteria.

Registration (Private alternative programs only)

1. Is the program registered with the Oregon Department of Education?

*Attach copy of registration application and approval.

Site Evaluation

1. Does the program comply with health and safety statutes and rules?

*Attach copy of appropriate documentation, including first aid and emergency procedures plan, such as staff/student handbooks, in-service agenda, fire marshal's report, safety inspection reports, etc.

Tuition and Fees

1. Does the program comply with Oregon Revised Statutes regarding tuition and fees (ORS 337.150, 339.141, 339.147, 339.155)?

*Attach list of any fees required and explanation.

Contract

1. The program complies with any statute, rule, or school district policy specified in the contract with the public or private alternative program.

*Attach as applicable.

2. Does the contract with the public or private alternative program state that noncompliance with a rule or statute may result in termination of the contract?

*Contract on file with district and program, as applicable.

Expenditures

1. Does the district comply with Oregon Revised Statutes regarding expenditures (ORS 336.635(2))?

*Attach annual statement of expenditures.

Superintendent

*Compliance indicators are intended as examples only. District may modify as appropriate.

**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 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