

**Douglas County
School District 15**

Code: **IGBHA-AR(2)**
Revised/Reviewed: 10/08/03; 1/20/15
Orig. Code(s): IGBHA-AR(2)

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

The superintendent or designee will complete the following and file in the district office.

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