

# Falls City School District 57

Code: **IGBHA-AR(2)**

Revised/Reviewed: 6/27/11

## 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