

Fern Ridge School District 28J

Code: **IGBHA-AR(3)**
Adopted: 7/11/05

Annual Report of Alternative Education Contract Agencies

Following is the adopted Lane ESD/Lane County Public Schools Annual Report for alternative Education Contract Agencies. The following material should be on record at the Lane ESD.

Agency Name: _____

Date: _____

Agency Contact Person: _____

Phone: _____

Please attach a copy of the following:

- Registration with the Oregon Department of Education (ODE) as a private Alternative Education Service Provider.
- Letter of approval as a special education service provider from the ODE (this is separate from registration as an alternative education provider).
- Copies of any accreditation certificate and applications in force.
- School improvement plan or short summary of how you are addressing the state common curriculum goals and academic content standards to meet state benchmarks and performance standards.
- Complete list of teaching staff, their license endorsement area or educational background and the number of hours per week each are directly involved with instruction with students.
- Attach list of fees required and explanation.
- Attach annual expenditure statements for previous year and statement of year-to-date expenditures as per ORS 336.635(2).

Please provide the following information for all students served in your program(s):

1. Total ADM as per attendance reports. _____
2. Number of students who earned a GED. _____
3. Number of students who earned a high school diploma with a CIM. _____
4. Number of students how earned a high school diploma without a CIM. _____
5. Number of students who participate in non-paid work experience. _____
6. Number of students who participated in paid work experience. _____

7. Number of students who have continued in your program once they were admitted. _____
8. Number of students who left your program before completion. _____
9. Number of students who have continued in your program once they were admitted. _____
10. Number of student who received Job Training services. _____
11. Average daily enrollment for all students in your program this year. _____
12. Teaching staff-to-student ratio. _____
13. Average number of hours per week a typical student receives academic instruction. _____
14. Number of students completing the Oregon Statewide Assessments. _____

Please respond to each of the following statements (OAR 581-022-1350):

1. The contractor understand that non-compliance with a rule or statute under this rule (OAR 581-022-1350) may result in the termination of the contract at any time. Yes _____ No _____
2. All students receive adequate instruction in state common curriculum goals and academic content standards to meet state benchmark and performance standards. Yes _____ No _____
3. All required Oregon State Assessments have been administered and result are reported to students, parents and school district annually. Yes _____ No _____
4. Students are receiving a report of academic progress annually. Yes _____ No _____
5. The program(s) complies with all rules and statutes applicable to public schools including ORS’s regarding criminal background checks (fingerprint bases), tuition and fees, discrimination, health and safety statutes and rules. Yes _____ No _____
6. The program complies with federal law. Yes _____ No _____
7. The private alternative education program’s annual statement of expenditures is reviewed in accordance with ORS 336.635(2). Yes _____ No _____
8. The private alternative education program is in compliance with its contract with districts. Yes _____ No _____

Check which of the following services your program provides:

- High School Diploma
- GED Program
- GED Testing
- Program for Middle School Students
- Teen Parent and Life Skills
- Free/reduced Breakfast and Lunch Program
- Counseling Services
- Drug/alcohol Counseling
- Paid Work Experience
- Non-Paid Work Experience
- Regular Access to Technology (computer, internet, etc.)
- Work-Based Activities (i.e. job shadows, etc.)
- Skill Building Groups
- Transportation: _____ Program owned vehicles _____ LTD _____ Other (please specify)

District Specific Information

Please complete the following for **each district** your agency contracts with:

1. Number of district students who participated in your program for the school year. _____
2. Total number of credits earned by district students in your program. _____
3. Average number of credits earned by a district student in your program this year. _____
4. Number of district **IEP** students you have served this year. _____

District	Total Students (#1)	Total Credits (#2)	Average Credits (#3)	IEP Students (#4)

Name of person completing this report: _____

Signature:

Date

Signature of Agency Director:

Date