

Fern Ridge School District 28J

Code: **IGBHA-AR**
Adopted: 6/28/93
Revised: 7/11/05
Orig. Code(s): 7447.4

Annual Review of Alternative Education Programs

In June of each year, the superintendent will request from each building an assessment of alternative education programs and student programs. This is a check and balance for ADM and partial program review.

To ensure the most appropriate options and to assess the quality of district-offered alternative education programs, your assistance is required. Please direct the completion of this form to the most appropriate staff member.

Alternative education programs were employed for students in your building?

_____ Yes _____ No (if No, sign and return)

List the various alternative education programs employed within this past year and the number of students involved in each program. (Attach additional pages as necessary).

- | | |
|----------|---------------------------|
| 1. _____ | Number of students: _____ |
| 2. _____ | Number of students: _____ |
| 3. _____ | Number of students: _____ |
| 4. _____ | Number of students: _____ |

Without listing the name of the student, indicate specific information for each student, listing the following:

1. Specific alternative education program;
2. Number of weeks of instruction;
3. Number of hours of instruction per week;
4. Outcome of alternative instruction;
5. Program evaluation for this specific student.

Signature

Date