

Gresham-Barlow SD 10

Code: **IGBHA-AR(2)**
Adopted: 5/2/02

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: _____

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: _____

District Evaluator Signature