

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