

Grants Pass School District 7

Code: **IGBHA-AR(2)**
Adopted: 2/24/04

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: _____

2. 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