

Evaluation of Alternative Education Programs - District Summary
(for district use only)

The superintendent or designee should complete the following and file 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: _____

3. Meets criteria Does not meet criteria

Comments: _____

Discrimination

1. Meets criteria Does not meet criteria

Comments: _____
