

# Silver Falls School District 4J

Code: **IGBHA-AR(2)**  
Adopted: 7/13/98

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

The district's Director of Special Services 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

### Curriculum

1.  Meets criteria  Does not meet criteria

2.  Meets criteria  Does not meet criteria

### Discrimination

1.  Meets criteria  Does not meet criteria

### Registration

1.  Meets criteria  Does not meet criteria

### Site Evaluation

1.  Meets criteria  Does not meet criteria

### Tuition and Fees

1.  Meets criteria  Does not meet criteria

### Contract

1.  Meets criteria  Does not meet criteria

2.  Meets criteria  Does not meet criteria

\_\_\_\_\_  
District Evaluator Signature