Dear Alternative Education Program Coordinator:

In accordance with OAR 581-022-1350, the district is required to evaluate alternative education programs annually. An Alternative Education Program Evaluation Form and a copy of administrative regulation IGBHB-AR will be delivered annually to each alternative education program approved by the district. Please provide documentation required below and return to the Sisters School District office at 525 E. Cascade Avenue, Sisters, OR 97759, no later than April 20. Please include the program name, address, program coordinator and telephone number. A copy of the district’s written evaluation shall be provided to the alternative education program coordinator.

The district alternative education program evaluator shall review the evaluation form, along with related documentation, and determine whether the program meets the indicated criteria. Programs that do not meet district criteria will be removed from the approved list by August 30.

Staff

1. Have criminal records checks requirements been met?
   * Provide list of individuals subject to criminal records checks and copy of Form 2283 from the Oregon Department of Education (ODE).

Curriculum

1. Are students receiving instruction in the state academic content standards to earn diploma credits?
   * Attach supportive documentation including such evidence as program overview, curriculum guide, course syllabi or other material that demonstrates that program curriculum is aligned with standards.

2. Are Oregon Statewide Assessments administered and the results reported annually to students, parents and the district?
   * Attach copy of summary report and sample of information reported to student, parents and the district.

3. Are students receiving, at least annually, a report of academic progress?
   * Attach copy of report used.
Discrimination
1. Does the program comply with nondiscrimination requirements of law - program does not discriminate based on age, disability, national origin, race, marital status, religion or sex?
    * Attach student enrollment/withdrawal summary based on above criteria.

Registration (Private alternative programs only)
1. Is the program registered with the ODE?
    * Attach copy of registration application and approval.

Site Evaluation
1. Does the program comply with health and safety statutes and rules?
    * Attach copy of appropriate documentation, including first aid and emergency procedures plan, such as staff/student handbooks, in-service agenda, fire marshal’s report, safety inspection reports, etc.

Tuition and Fees
1. Does the program comply with Oregon Revised Statutes regarding tuition and fees (ORS 337.150, 339.141, 339.147, 339.155)?
    * Attach list of any fees required and explanation.

Contract
1. The program complies with any statute, rule or district policy specified in the contract with the public or private alternative education program.
    * Attach as applicable.
2. Does the contract with the public or private alternative program state that noncompliance with a rule or statute may result in termination of the contract?
    * Contract on file with district and program, as applicable.

Expenditures
1. Does the district comply with Oregon Revised Statutes regarding expenditures (ORS 336.635 (2))? 
    * Attach annual statement of expenditures.

Superintendent
* Compliance indicators are intended as examples only. District may modify, as appropriate.
Sisters School District
Alternative Education Program Evaluation Form

Alternative education program coordinators should answer the questions below and attach supporting documentation, reports and records as indicated. Completed and signed evaluation forms, along with related attachments, should be forwarded to the district alternative education program evaluator by April 20. Forms and attachments should be returned to:

Sisters School District
Alternative Education Program Evaluator
525 E. Cascade Avenue
Sisters, OR  97759

Program Name _____________________________________________________________
Program Address __________________________________________________________
Phone _______________________  Program Coordinator ___________________________

Staff

Have criminal records check requirements been met?

*Provide list of individuals subject to criminal records checks and copy of Form 2283 from the Oregon Department of Education.

□ Meets criteria        □ Does not meet criteria

Comments ________________________________________________________________

Curriculum

1. Are students receiving instruction in the state content standards to earn diploma credits?

   *Attach supportive documentation including such evidence as program overview, curriculum guide, course syllabi, or other material that demonstrates that program curriculum is aligned with standards.

□ Meets criteria        □ Does not meet criteria

Comments ________________________________________________________________

2. Are Oregon Statewide Assessments administered and the results reported annually to students, parents, and the school district?
*Attach a copy of summary report and sample of information reported to students, parents and the district.

☐ Meets criteria    ☐ Does not meet criteria

Comments ____________________________________________

3. Are students receiving opportunities to meet district graduation requirements?

*Attach supportive documentation including such evidence as curriculum guide, course syllabi, or other material that demonstrates that program curriculum includes opportunities for students to earn needed credits and participate and complete required components of a Focused Program of Study.

☐ Meets criteria    ☐ Does not meet criteria

Comments ____________________________________________

Discrimination

Does the program comply with nondiscrimination requirements of law – program does not discriminate based on age, disability, national origin, race, marital status, religion or sex?

☐ Meets criteria    ☐ Does not meet criteria

Comments ____________________________________________

Registration

Is the program registered with the Oregon Department of Education?

*Attach a copy of registration and approval.

☐ Meets criteria    ☐ Does not meet criteria

Comments ____________________________________________
Site Evaluation

Does the program comply with health and safety statutes and rules?

*Attach a copy of appropriate documentation, including first aid and emergency procedures plan, such as staff/student handbooks, in-service agenda, fire marshal's report, safety inspection reports, etc.

□ Meets criteria □ Does not meet criteria

Comments ____________________________________________________________________________

_____________________________________________________________________________________

Tuition and Fees

Does the program comply with Organ Revised Statues regarding tuition and fees (ORS 337.150, 339.141, 339.147, 339.155)?

□ Meets criteria □ Does not meet criteria

Comments ____________________________________________________________________________

_____________________________________________________________________________________

Current Financial Statement

A private alternative program/school's annual statement of expenditures is reviewed in accordance with ORS 336.635(2).

□ Meets criteria □ Does not meet criteria

Comments ____________________________________________________________________________

_____________________________________________________________________________________

Contract

1. The program complies with any statute, rule, or school district policy specified in the contract with the public or private alternative program.

*Attach as applicable.

□ Meets criteria □ Does not meet criteria

Comments ____________________________________________________________________________

_____________________________________________________________________________________
2. Does the contract with the public or private alternative program state that noncompliance with a rule or statute may result in termination of the contract?

☐ Meets criteria  ☐ Does not meet criteria

Comments ____________________________________________________________

______________________________________________
Date Alternative Program Coordinator Signature

______________________________________________
District Evaluator Signature