

**Evaluation of Alternative Education Programs - District Summary**

The superintendent or designee should complete the following and file with materials submitted by the alternative program coordinator.

Program Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_

**Student Outcomes**

1.  Meets criteria  Does not meet criteria

Comments: \_\_\_\_\_  
\_\_\_\_\_

2.  Meets criteria     Does not meet criteria

Comments: \_\_\_\_\_

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**Discrimination**

1.  Meets criteria     Does not meet criteria

Comments: \_\_\_\_\_

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**Registration**

1.  Meets criteria     Does not meet criteria

Comments: \_\_\_\_\_

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**Site Evaluation**

1.  Meets criteria     Does not meet criteria

Comments: \_\_\_\_\_

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**Tuition and Fees**

1.  Meets criteria     Does not meet criteria

Comments: \_\_\_\_\_

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**Contract**

1.  Meets criteria     Does not meet criteria

Comments: \_\_\_\_\_

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2.  Meets criteria     Does not meet criteria

Comments: \_\_\_\_\_

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District Evaluator Signature