

# ALTERNATIVE EDUCATION EVIDENCE CRITERIA REVIEW



Revised Feb. 2023

PROGRAM NAME: \_\_\_\_\_ DISTRICT (LEA) OR SPONSOR: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_ SDE SPECIALIST: \_\_\_\_\_

SCHOOL SITE CODE: \_\_\_\_\_

## Required Documents

YES NO

A. District Wide Student Needs Assessment - Date Certified: \_\_\_\_\_

B. Alternative Education-Plan Date Certified: \_\_\_\_\_

C. Approved waiver for serving fewer than 10 students (if applicable)  
Date Approved \_\_\_\_\_ Years approved for \_\_\_\_\_

D. Approved Deregulation for Abbreviated Day (If applicable)

E. Copy of Memorandum of Understanding & Authorization to Pay form between  
LEA & sending school.

## CRITERIA 1

**Allow class sizes and student/teacher ratios which are conducive to effective learning for at-risk students.**

YES NO

A. List of names & grades of all student being served in the current year

B. List of teachers and subjects taught

## CRITERIA 2

**Incorporate appropriate structure, curriculum, interaction and reinforcement strategies designed to provide effective instruction.**

YES NO

A. Reward systems and motivational strategies used to provide targeted supports to struggling students, such as a multi-tiered system of supports (MTSS)

B. Record keeping for attendance, course completion and behavior

C. Intervention strategies and meeting agendas that reflect discussion of student progress

D. Parent contact sheets with contact dates



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## CRITERIA 3

**Include an intake and screening process to determine eligibility of students.**

YES NO

A. Intake packets for 25% of current students (include signed and dated contracts for current year)

B. At-risk identification form on file for **every** student coded as an Alternative Education student in the WAVE student record system

## CRITERIA 4

**Demonstrate that teaching faculty are appropriately certified teachers.**

YES NO

A. Copy of instructor certification or approved teaching out certification form for all alternative education teachers.

## CRITERIA 5

**Demonstrate that teaching faculty have been selected on the basis of a record of successful work with at-risk students, or personal and educational factors that qualify them for work with at-risk students.**

YES NO

A. Clearly defined professional development plan for Alternative Education teachers and support personnel (examples: trauma-informed practices, managing aggressive behavior, working with homeless youth)

B. Evidence of teacher participation in Alternative Education professional development (examples: sign-in sheets, agendas, participation certificates)

## CRITERIA 6

**Reflect appropriate collaborative efforts with state agencies and local agencies serving youth.**

YES NO

A. List of state and local organizations partnering with the Alternative Education program

B. Evidence of activities with these organizations (examples: list of meeting agendas, photos, community service projects, dates and sign-in sheets)

## CRITERIA 7

**Provide courses that meet the academic curricula standards adopted by the State Board of Education and additional remedial courses.**

YES NO

A. Current Oklahoma Academic Standards (OAS) curriculum being used



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## CRITERIA 8

**Offer individualized instruction.**

YES NO

A. 25% of students' schedules from the student information system

B. Individual learning plans detailing student goals, academic plans, graduation plans, individualized instruction

## CRITERIA 9

**State clear and measurable program goals and objectives.**

YES NO

A. Clearly stated and aligned mission and vision with defined SMART goals written, published and posted (Specific, Measurable, Achievable, Relevant, Time-Bound)

## CRITERIA 10

**Include counseling and social services components.**

YES NO

A. Counseling session dates and topics for academic and group sessions

B. Copy of counseling providers certificate or license (current school counselor's teacher certification, or LPC, LADC, LCSW, LMFT of any outside provider(s) partnering with the Alternative Education program)

## CRITERIA 11

**Require a plan leading to graduation be developed for each student in the program which will allow the student to participate in graduation exercises at the sending school or district after meeting the requirements of the school district as specified in the individual graduation plan for that student.**

YES NO

A. Compliance with 70 O.S 1210.508-4 Individualized Career Academic Plan (ICAP)

## CRITERIA 12

**Offer life skills instruction.**

YES NO

A. Clearing defined curriculum to help student plan for life after high school (self -sufficiency, employment, etc.) Curriculum \_\_\_\_\_



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## CRITERIA 13

**Provide opportunities for hands-on arts education to students, including artist residency programs coordinated with the Oklahoma Arts Council.** YES NO

A. Documentation of monthly integrated art activities (hands-on art activities, field trips or visiting artists/performers, etc.)  YES  NO

## CRITERIA 14

**Provide a proposed annual budget.** YES NO

A. Copy of annual proposed budget  YES  NO

## CRITERIA 15

**Be appropriately designed to serve middle school, junior high school, and high school students in grades seven through twelve who are most at risk of not completing a high school education for a reason other than identification as a student with disabilities under 70 O.S 13-101. (Identification as a student with disabilities does not in itself disqualify a student from Alternative Education services, but special education status cannot be the basis for identification as an at-risk student.)** YES NO

A. Completed end-of-year data survey from previous school year  YES  NO

B. Photos of Alternative Education program classroom(s), facilities, activity spaces, etc.  YES  NO

## CRITERIA 16

**Allow students in the Alternative Education program, who otherwise meet all of the participation requirements, to participate in vocational programs and extracurricular activities at the sending school or district, including but limited to athletics, band, and clubs.** YES NO

A. Roster/schedule of students enrolled in Career Tech Education Programs  YES  NO

B. Number of students in athletics, band, or other activities at the sending school or district: (include samples of schedules verifying enrollment activities)  YES  NO  
**Number of Students** \_\_\_\_\_

**NOTES:**