**Oklahoma School Alternative Education Association**

**2019 Program of the Year**

Please complete the below nomination application for 2019 Program of the Year. This application must be sent to [jwilkinson@insightok.org](mailto:jwilkinson@insightok.org) by September 27, 2019 at 5pm. This award will be announced at the 2019 Alternative Education Conference on October 22, 2019.

**Nominator Information:** (*5pts. for this section)*

Name -

Title -

Address -

Phone -

Email -

Relationship to Program -

**Program Information:** (*5 pts. for this section)*

Director -

School District -

Address -

Phone -

Email -

Website -

Type of Setting (Ex. CTE, Full Time, Part Time, Night, MS, HS) -

Age/Grade (Ex. Grades 7-12) -

**Supporting Information:** *Please provide a paragraph about each topic and any evidence that supports your statements. (5 pts. for each question)*

1. Program Set Up (Include class size, personnel, intake/screening process, structure and set up that includes individualization and effectiveness for students.)
2. Support for the Program (Include any local, state, and federal support for the program.)
3. Program Goals and Objectives (Include program innovation and college/career readiness strategies.)
4. Counseling and Social Services (Include how program provides social emotional learning for students.)
5. Individualized Career Academic Plan (Include program’s ICAP plan for students.)
6. Life Skills (Include how program supports students in the area of life skills beyond CPR/AED training and Personal Financial Literacy.)
7. Art Education (Include program plan for hands-on arts exploration for students.)
8. Involvement with Parents/Families and the Community Including the Sending School (Include all activities that support families and the community.)
9. How does this program stand out amongst the other programs across the state?
10. Why should the nominated program be chosen for the 2019 Program of the Year?

***Please attach the SDE evaluation to the application. (5 pts.)***

Any questions should be sent to [jwilkinson@insightok.org](mailto:jwilkinson@insightok.org).

Nominated Program Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***2019 Program of the Year* Evaluation Rubric**

Requirement: The nominee has submitted all materials (application, any supporting evidence, and SDE evaluation). *If this requirement is not met, this nomination is not eligible for this award and should be awarded zero points total.*

**Evaluations for every component must be based on the submitted materials only and will be scored anonymously.**

Score each component on the scale provided to its right. Select one score for each component and add up the scores for the total points.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Component** | **Minimum**  **Description** | | **Some**  **Description** | | **Extensive**  **Description** | |
| Nominator Information | 0 | 1 | 2 | 3 | 4 | 5 |
| Program Information | 0 | 1 | 2 | 3 | 4 | 5 |
| Supporting Information |  |  |  |  |  |  |
| Program Set Up | 0 | 1 | 2 | 3 | 4 | 5 |
| Support for the Program | 0 | 1 | 2 | 3 | 4 | 5 |
| Program Goals and Objectives | 0 | 1 | 2 | 3 | 4 | 5 |
| Counseling and Social Services | 0 | 1 | 2 | 3 | 4 | 5 |
| ICAP | 0 | 1 | 2 | 3 | 4 | 5 |
| Life Skills Instruction | 0 | 1 | 2 | 3 | 4 | 5 |
| Art Instruction | 0 | 1 | 2 | 3 | 4 | 5 |
| Involvement w/ Families & Community | 0 | 1 | 2 | 3 | 4 | 5 |
| Why Program Stands Out? | 0 | 1 | 2 | 3 | 4 | 5 |
| Why Should this Program be Chosen? | 0 | 1 | 2 | 3 | 4 | 5 |
| SDE Evaluation | 0 | 1 | 2 | 3 | 4 | 5 |

**Total Points \_\_\_\_/65**

**Comments:**