

ALTERNATIVE EDUCATION EVIDENCE CRITERIA REVIEW



70 O.S. 2011- Revised May 2024

SITE INFORMATION

District _____ District Site Code _____
 LEA or COOP _____ Sending School(s) _____
 Days Program Meets _____ Hours Program Meets _____
 Date of Visit _____ SDE Specialist _____

STUDENT INFORMATION

Student Slots Available _____ Number of Students Enrolled _____
 Number in Attendance Today _____ Dropouts to Date _____
 Number of:
 IEP Students _____ District IEP Rate _____
 Pregnant/Parenting Students _____ 504 Students _____
 Concurrent Enrolled Students _____ CTE Students _____
 Service Learning Students _____ Internships/Job Shadowing _____
 Employed Students _____ Students Receiving Work Study Credit _____

REQUIRED DOCUMENTS

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 _____ Approval Year(s) _____
 D. Approved Deregulation for Abbreviated Day (If applicable)
 Date Approved _____ Approval Year(s) _____
 E. Copy(ies) of Memorandum of Understanding between LEA & sending school(s)
 F. Copy(ies) of Authorization to Pay form from sending school(s)
 G. Copy of District Calendar First day of school _____

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURES

 Evaluation Committee Signature

 Signature Date

 Evaluation Committee Signature

 Signature Date

 Evaluation Committee Signature

 Signature Date



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CRITERIA 1 - Allow class sizes and student/teacher ratios which are conducive to effective learning for at-risk students.

- | | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| A. List of names & grades of all students being served in the current year | <input type="checkbox"/> | <input type="checkbox"/> | |
| B. Number of students from each sending school _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. List of teachers and subjects taught | <input type="checkbox"/> | <input type="checkbox"/> | |

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) | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Record keeping for attendance, behavior and academic progress | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Intervention strategies and meeting agendas that reflect discussion of student progress | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Parent contact sheets with contact dates | <input type="checkbox"/> | <input type="checkbox"/> |

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) | <input type="checkbox"/> | <input type="checkbox"/> |
| B. At-risk identification form on file for every student coded as an Alternative Education student in the WAVE student record system | <input type="checkbox"/> | <input type="checkbox"/> |

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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. TOC approval date _____ | | |



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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.

- 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)
1. Date & location of Regional Meeting attended
Fall _____ Spring _____

YES NO

CRITERIA 6 - Reflect appropriate collaborative efforts with state agencies and local agencies serving youth.

- A. List of state and local organizations partnering with the Alternative Education program (should align with Implementation Plan in SSO).
1. _____ 2. _____
3. _____ 4. _____
- B. Evidence of monthly activities with these organizations (examples: list of meeting agendas, photos, community service projects, dates and sign-in sheets)

YES NO

CRITERIA 7 - Provide courses that meet the academic curricula standards adopted by the State Board of Education and additional remedial courses.

- A. Current Oklahoma Academic Standards (OAS) curriculum being used
- Online Curriculum _____
- Additional Curriculum _____

YES NO

CRITERIA 8 - Offer individualized instruction.

- A. 25% of current students' schedules from the student information system
- B. Evidence of individual learning plans detailing student goals, academic plans, graduation plans, individualized instruction, (this is not ICAP).

YES NO



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CRITERIA 9 - State clear and measurable program goals and objectives.

- A. Clearly stated and aligned program mission with data driven SMART * goals that are written, published and posted

*Specific, Measurable, Achievable, Relevant, Time-Bound

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

CRITERIA 10 - Include counseling and social services components.

- 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)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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.

- A. Compliance with 70 O.S 1210.508-4 Individualized Career Academic Plan (ICAP) (Summary from ICAP platform of completion for 25% of students)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

CRITERIA 12 - Offer Life skills instruction.

- A. Clearly defined curriculum to help students plan for life after high school. (self-sufficiency, employment, etc.)

Curriculum: _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

CRITERIA 13 - Provide opportunities for hands-on arts education to students, including artist in residency programs coordinated with the Oklahoma Arts Council.

- A. Documentation of monthly integrated art activities (hands-on art activities, field trips or visiting artists/performers, etc.)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



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CRITERIA 14 - Provide a proposed annual budget.

YES NO

A. Copy of annual proposed budget

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

Date Received _____

B. Photos of Alternative Education program classroom(s), facilities, activity spaces, etc.

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 not limited to athletics, band, and clubs.

YES NO

A. Roster/schedule of students enrolled in Career Tech Education Programs or on-site vocational programs.

B. Roster/schedule of students in athletics, band, or other activities at the sending school or district (include samples of schedules verifying enrollment activities)

NOTES: