

# REEDSPORT SCHOOL DISTRICT

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REGULATION: EVALUATION OF ALTERNATIVE EDUCATION PROGRAMS - DISTRICT SUMMARY CODE: IGBHA-AR1  
(for district use only)

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*The district's alternative education programs evaluator should complete the following and file with materials submitted by the alternative program coordinator.*

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

Program Coordinator \_\_\_\_\_

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

## **Discrimination**

1.  Meets criteria  Does not meet criteria

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

**Registration**

- Meets criteria       Does not meet criteria

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

**Site Evaluation**

1.  Meets criteria       Does not meet criteria

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

**Tuition and Fees**

1.  Meets criteria       Does not meet criteria

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

**Contract**

1.  Meets criteria       Does not meet criteria

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

2.  Meets criteria       Does not meet criteria

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

**Expenditures**

1.  Meets criteria       Does not meet criteria

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

\_\_\_\_\_  
District Evaluation Signature

END OF REGULATION