Alternative Education School/Program Proposal

(To be submitted for all alternative education schools/programs)

Email complete proposals to renee.montogomery@la.gov by Friday, June 14, 2013

# General Information

**School System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District Alternative Education Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_**

**Name of School/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Telephone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_ Contact Person at site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Identify all that apply:**

**[ ]  Public** **[ ]  Non-Public** **[ ]  Charter (Type \_\_\_\_)**

**[ ]  School:** For the purposes of school accountability, alternative **schools** are those schools that have a separate site code and enroll some or all students for 45 or more days. *Per Bulletin 111; §3501 Alternative Schools*

**[ ]  Program:** For the purposes of school accountability, alternative **programs** are those programs that provide education to suspended and/or expelled student but do not enroll students and do not have a site code. *Per Bulletin 111; §3501 Alternative Schools*

**Identify students served:**

**[ ]  Suspended** **[ ]  Expelled** **[ ]  Academically Behind** **[ ]  Adjudicated Youth**

# Section I – Mission and Purpose

**What is the specific purpose of this school/program?**

# Section II – Leadership

**Identify leaderships with ability to enact policies:**

**[ ]  District Administrator**

**[ ]  Principal**

**[ ]  Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Section III – Safety and Counseling

**Is alternative setting located on school campus?**

**[ ]  Yes**

**[ ]  No (describe location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Identify support services provided:**

**[ ]  Special Education Teacher** **[ ]  Job/Career Coach** **[ ]  Guidance Counselor**

**[ ]  Social Worker** **[ ]  Resource Officer** **[ ] Other (list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Enrollment capacity: Site\_\_\_\_\_\_\_\_\_\_ Teacher/Student Ratio \_\_\_\_\_\_\_\_**

# Section IV – Staffing and Professional Development

**Describe the district’s professional development plan for school/program staff.**

# Section V – Curriculum and Instruction

**Describe the theory of action for providing instruction, methodology, and implementation of curriculum and how it differs from traditional procedures for academic achievement.**

# Section VI – Student Assessment

 **How is students’ progress measured?**

**[ ]  Diagnostic assessments** **[ ]  Progress monitoring** **[ ]  Standardized tests**

**[ ]  Teacher based assessment** **[ ]  Behavioral referrals**

**[ ]  Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Section VII – Transitional Planning and Support

**Is a plan in place for transitioning?**

**[ ]  Yes (provide a copy)**

**[ ]  No**

# Section VIII – Parent/Guardian Involvement

**Is a plan in place for actively involving parents/guardians beyond parent/guardian-teacher meetings?**

**[ ]  Yes (provide a copy)**

**[ ]  No**

# Section IX – Collaboration

**Is a plan in place for partnerships with community resources that help the alternative education program achieve the goals as outlined in their mission and purpose?**

**[ ]  Yes (provide a copy)**

**[ ]  No**

# Section X – Evaluation

**Describe the data collection used to assess quality and define the course for improvement to direct future activities.**

**Signature of Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Superintendent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_**