

Evaluation of Alternative Education Programs - District Summary
(for district use only)

The high school principal should complete the following.

Program Name	Date
Program Coordinator	
Staff:	
1. <input type="checkbox"/> Meets criteria <input type="checkbox"/> Does not meet criteria	
Comments: _____	

Curriculum:	
1. <input type="checkbox"/> Meets criteria <input type="checkbox"/> Does not meet criteria	
Comments: _____	

2. <input type="checkbox"/> Meets criteria <input type="checkbox"/> Does not meet criteria	
Comments: _____	

3. <input type="checkbox"/> Meets criteria <input type="checkbox"/> Does not meet criteria	
Comments: _____	

Discrimination:	
1. <input type="checkbox"/> Meets criteria <input type="checkbox"/> Does not meet criteria	
Comments: _____	

<p>Registration:</p> <p>1. <input type="checkbox"/> Meets criteria <input type="checkbox"/> Does not meet criteria</p> <p>Comments: _____</p> <p>_____</p>	
<p>Site Evaluation:</p> <p>1. <input type="checkbox"/> Meets criteria <input type="checkbox"/> Does not meet criteria</p> <p>Comments: _____</p> <p>_____</p>	
<p>Tuition and Fees:</p> <p>1. <input type="checkbox"/> Meets criteria <input type="checkbox"/> Does not meet criteria</p> <p>Comments: _____</p> <p>_____</p>	
<p>Contract:</p> <p>1. <input type="checkbox"/> Meets criteria <input type="checkbox"/> Does not meet criteria</p> <p>Comments: _____</p> <p>_____</p>	
<p>Expenditures:</p> <p>1. <input type="checkbox"/> Meets criteria <input type="checkbox"/> Does not meet criteria</p> <p>Comments: _____</p> <p>_____</p>	
Evaluator's Signature	Date