

Annual Report
Lane County Public Schools
Alternative Education Contract Agencies
2016-17

Program/School Name: _____

Agency Name: _____

Agency Contact Person: _____

Please attach a copy of the following:

- Registration with the Oregon Department of Education (ODE) as a private Alternative Education Service Provider.
- Letter of approval as a special education service provider from the ODE (this is separate from registration as an alternative education provider).
- Copies of any accreditation certificates and applications.
- School improvement plan or short summary of how you are addressing the state common curriculum goals and academic content standards to meet state benchmarks and performance standards.
- Complete list of teaching staff, their license endorsement area or educational background and the number of hours per week each are directly involved in instruction with students.
- Attach a list of fees required and explanation.
- Attach annual expenditures statement for previous year and statement of year-to-date expenditures as per ORS 336.635(2).

Please provide the following information for all students served in your program(s):

1. Total ADM as per attendance reports. _____
2. Number of students who earned a GED _____
3. Number of students who earned an Alternative Certificate _____
4. Number of students who earned an Oregon diploma with essential skills _____
5. Number of students who earned a modified diploma with essential skills _____
6. Number of students who earned an extended diploma _____
7. Number of students who participated in non-paid work experience _____
8. Number of students who participated in paid work experience. _____
9. Number of students who have continued in your program once they were admitted. _____
10. Number of students who left your program before completion. _____
11. Number of students who were asked to leave your program for disciplinary reasons. _____
12. Number of students who received Job Training services _____
13. Average daily enrollment for all students in your program this year _____
14. Teaching staff-to-student ratio. _____
15. Average # of hours per week a typical student receives academic instruction. _____
16. Number of students completing the Oregon Statewide Assessments. _____

Please respond to each of the statements below (OAR 581-022-1350(2)):

Yes No

- **The contractor understands that non-compliance with a rule or statute under this rule (ORS581-022-1350) may result in the termination of the contract at any time.** _____
- All students receive adequate instruction in state common curriculum goals and academic content standards to meet state benchmarks and performance standards. _____
- All required Oregon Statewide Assessments have been administered and results are reported to students, parents and the school district annually. _____
- Students are receiving a report of academic progress annually. _____
- The program complies with all rules and statutes applicable to public schools including ORS's regarding criminal background checks (fingerprint based, per ORS 181.539), tuition and fees, discrimination, health and safety statutes and rules. _____
- The program complies with any statute, rule or school district policy that is specified in the contract between the school district board and the private alternative program. _____
- The program complies with federal law. _____
- The private alternative education program's annual statement of expenditures is reviewed in accordance with ORS 336.635(2) _____
- The private alternative education program is in compliance with its contract with the District. _____

Check which of the following services your program provides:

- _____ High School Diploma
- _____ GED Preparation
- _____ GED Testing
- _____ Programs for Middle School Students
- _____ Teen Parent & Life Skills
- _____ Free/Reduced Breakfast & Lunch Program
- _____ Counseling Services
- _____ Drug/Alcohol Counseling
- _____ Paid Work Experience
- _____ Non-Paid Work Experience
- _____ Regular Access to Technology (computers, internet, etc)
- _____ Work-Based Activities (i.e. job shadows, etc)
- _____ Skill Building Groups
- _____ Transportation _____ Program owned vehicles _____ LTD _____ Other (please describe)

District Specific Information

Please complete the following for *each district* your agency contracts with:

Column 1: Number of District students who participated in your program for the school year.

Column 2: Total number of credits earned by District students in your program

Column 3: Average number of credits earned by a District student in your program this year.

Column 4: Number of District IEP students you have served this year

District	Total Students (#1)	Total Credits (#2)	Average Credits (#3)	IEP Students (#4)

Name of person completing this report: _____

Signature: _____ Date: _____

Signature of Agency Director: _____ Date: _____