

ALTERNATIVE EDUCATION EVIDENCE CRITERIA REVIEW



SITE INFORMATION

70 O.S. 2011- Revised April 2025

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 _____
in Attendance Today _____ # of Graduates to Date _____ # 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

| | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| A. District Wide Student Needs Assessment | <input type="checkbox"/> | <input type="checkbox"/> | |
| B. Alternative Education Plan | <input type="checkbox"/> | <input type="checkbox"/> | |
| C. Approved waiver for serving fewer than 10 students (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Approved Deregulation for Abbreviated Day (If applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Copy(ies) of Memorandum of Understanding between LEA & sending school(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Copy(ies) of Authorization to Pay form from sending school(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Copy of District Calendar | <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 dates and signatures of committee members/parent(s)/student for current year) | <input type="checkbox"/> | <input type="checkbox"/> |
| B. At-risk identification for 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 _____ | | |

**TOC form must be emailed to your specialist for approval and then uploaded into the criteria folder*



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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.

YES NO

- A. Clearly defined professional development plan for Alternative Education teachers and support personnel (examples: trauma-informed practices, managing aggressive behavior, working with homeless youth, etc.)
- B. Evidence of teacher participation in Alternative Education professional development (4 examples: sign-in sheets, agendas, participation certificates, etc.)

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1. Date & location of Regional Meeting attended

Fall _____ Spring _____

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

YES NO

- 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, etc.)

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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

YES NO

Online Curriculum _____

Additional Curriculum _____

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CRITERIA 8 - Offer individualized instruction.

YES NO

- 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).

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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

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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

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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

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CRITERIA 12 - Offer Life skills instruction.

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

YES NO

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Curriculum: _____

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

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CRITERIA 14 - Provide a proposed annual budget.

YES NO

A. Copy of annual proposed budget

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

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

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

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

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

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.

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

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

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

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

NOTES: You will be permitted to use previous year data for some, but not all of the 16 Criteria

* Criteria 1, 3, 4, 7, 9, 10, 14, 15, 16 - FY26 year data

* Criteria 2, 5, 6, 8, 11, 12, 13 - FY25 or FY26 year data