**Date of New Program Application** _____
**Date of Anticipated Implementation** _____
**Date of Provisional Approval** _____
**Date of Full Approval** _____

## Alternative Education
## New School/Program Proposal

Approval to establish new alternative education programs needs to be obtained from the Indiana Department of Education, Division of Educational Options, prior to the establishment of new alternative education schools or programs.

School Corporation Number_____ Name_____
Superintendent_____
Address_____City_____ZIP_____
(Attach a list of all school corporations if it is a joint program and a copy of the Joint Service Agreement under IC 20-26-10.)

Alternative Education Program Name_____
Program Address_____City_____ZIP_____
Type of Facility_____

Contact Person_____
Address (if different than above)_____City_____ZIP_____
Phone_____Email_____FAX_____

**A narrative of not more than 10 typed pages describing the new alternative education program/school must be submitted at least 60 days prior to serving students to:**

> **Julia A. Johns/Alternative Education Specialist**
> **Indiana Department of Education**
> **115 W Washington Street South Tower Suite 600**
> **Indianapolis, IN 46204**

The narrative should include information on the following items:

> **Needs Assessment Data** *(Why is this program needed, and how does it fit into your school corporation's larger school improvement or strategic plan?)*

> **Purpose/Mission/Vision** *(What will be the primary mission of the program, including the types of students to be served and the ultimate desired outcomes for the program?)*

> **Measurable Program Goals and Evaluation Data Sources** (*Identify the program's measurable goals from those listed at the end of this document. Choose at least 2 goals (one of which must be academic) and record the data source,*

*baseline, and target. On the renewal grant, you will report if the goal was met and explain any shortfalls.)*

**Program Description** *(Describe the program in detail, including ways in which the program will be innovative and specific components that will carry out the mission and vision and address the types of student to be served.)*

**Student Eligibility** IC 20-10.1-4.6-6.5 (Which students will your program serve?)
    \_\_\_\_Student intends to withdraw or has withdrawn before graduation
    \_\_\_\_Student has failed to comply academically and would benefit from the alternative education program.
    \_\_\_\_Student is a parent or expectant parent and is unable to attend the traditional school.
    \_\_\_\_Student is employed and employment is necessary for support and interferes with the school day.
    \_\_\_\_Student is a disruptive student.

**Entrance and Exit Criteria and Process** *(Describe in detail the criteria that will be used to identify students for the program, interventions that will be attempted in the general education setting prior to referral, and the exit process.)*
In addition, check all entrance methods that apply:
    \_\_\_\_\_Student referral
    \_\_\_\_\_Parent referral
    \_\_\_\_\_Principal referral
    \_\_\_\_\_Counselor referral
    \_\_\_\_\_Other (describe)

**Circle Grade(s) To Be Served**    6   7   8   9   10   11   12

**Estimate session times, days, and number of students.**

*Must operate for a minimum of 3 hours a day (IC: 20-30-2.2)*

| | Session Start and Stop Times e.g., 7:30-12:00 | Total Days Program Will Operate this year | Avg. No. of Students Enrolled and Attending per day This year |
|---|---|---|---|
| Morning | | | |
| Afternoon | | | |
| Evening | | | |

**Number of Staff and Licensure**
*(If part-time, indicate full-time equivalent or put as a percentage of their assignment.).*

____Teachers _____Teacher Aides ____Counselors _____Social Workers
____Administrators _____Nurse ____Other/specify:

**Curriculum Description**

**Instructional Methods, Materials, and Programming**

**Diagnostic, Formative and Summative Assessments**

**Plan for Parental Involvement**

**Plan for Community Involvement**

**Educational Support Services and Motivational/Behavioral Components**

**Budget/Funding Sources**

**Staff Qualifications and Qualities**

**Process for Program Evaluation and Reporting (local and state)**

**Attachments**: Assurance form signed by the superintendent
Individual Service Plan form
Documentation of Board Approval by all participating
corporations and Joint Agreements
Advisory Group List
Goals Sheet
Letters of Support (Optional)

**Provisional Approval**

Within 90 days of beginning to operate, new alternative education programs will
be visited by IDOE staff who will determine whether to grant full approval to the
program. Programs having provisional approval may claim alternative education
reimbursement based on their FTE student count for that semester. However, if
full approval is not granted, eligibility for further funding ceases until the issues
are resolved. The decision of the Department is final.

**Full Approval**

Full approval means that the program is eligible for alternative education funding
and will participate in the annual grant approval process for continuing programs.
Each approved program must submit an Annual Summary Report and Full-time
Equivalent Student report as required by the Department.

INDIANA DEPARTMENT OF EDUCATION

**ALTERNATIVE EDUCATION NEW SCHOOL/PROGRAM PROPOSAL**

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**ASSURANCES**

1. The project will be administered in accordance with all applicable statutes, regulations, and statements in the application.

2. The school corporation or program organizer will expend in the school year a matching amount of at least one third of the amount of the state grant per full-time equivalent student on alternative education programs.

3. The school corporation agrees to implement an objective, data-driven means of measuring the effectiveness of the program in achieving the goals set out in the application.

4. The school corporation is providing the alternative program on its own or in cooperation with other school corporations.

5. The school corporation will employ progressive disciplinary procedures designed to modify behavior in the regular school setting prior to admitting a disruptive student into an alternative educational program.

6. Each student will have an Individual Service Plan in accordance with IC 20-10.1-4.6-6.7.

I CERTIFY that I am authorized to submit this application and that the information submitted in this application is, to the best of my knowledge, true and accurate.

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**Signature of School Corporation Superintendent**

**Date**

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Attach to proposal and mail to:     Julia A Johns/Alternative Education Specialist
Indiana Department of Education
115 W Washington Street South Tower Suite 600
Indianapolis, Indiana 46204

Or email to: jjohns@doe.in.gov

PROGRAM GOALS

Identify your program's measurable goals. Choose at least 2 goals (one of which must be academic) and record the data source, baseline, and target. On next year's grant, you will report if the goal was met and explain any shortfalls.

| Academic Goals | Data Source | Baseline | Target |
|---|---|---|---|
| Increase the percent of eligible seniors who graduate. | | | |
| Graduation rate for the corporation will improve. | | | |
| Increase number of students passing Algebra 1 ECA | | | |
| Increase number of students passing English 10 ECA | | | |
| Average number of credits earned per student per semester will increase. | | | |
| Percent of students in program that improve their scale score on the LA portion of ISTEP will increase. | | | |
| Percent of students in program that improve their scale score on the Math portion of ISTEP will increase. | | | |
| Percent of students achieving 'pass' or 'pass+' on both portions of ISTEP+ will increase. | | | |
| Percent of students in program promoted to next grade level will increase. | | | |
| Increase percentage of students in program that graduate with a Core 40, academic honors, or technical honors diploma. | | | |
| **Other Goals** | | | |

| Behavioral Goals | Data Source | Baseline | Target |
|---|---|---|---|
| The average daily attendance rate at the program will improve. | | | |
| Increase the percent of students who have fewer behavioral referrals in the alt program than during the year prior to admission. | | | |
| Number of dropouts from the alternative program will decrease. | | | |
| Percent of students placed in the alternative program more than once for behavioral reasons will decrease. | | | |
| Percent of students in the alternative program having < 2 days ISS per year will increase. | | | |
| Decrease the number of suspensions in the corporation. | | | |
| Decrease the number of expulsions in the cooperation. | | | |
| **Goals** | | | |

| Social/self-Managed Goals | Data Source | Baseline | Target |
|---|---|---|---|
| Increase percent of students who rate their overall satisfaction with the alternative program as satisfactory or very satisfactory. | | | |
| Increase percent of students who complete a job, internship or service learning project while in the alternative education program. | | | |
| Increase percent of students who attain all goals on their ISP. | | | |
| Increase percent of students enrolled in post secondary education (including technical programs). | | | |
| Increase the percent of students remaining drug free while in the alternative education program. | | | |
| **Goals** | | | |