| Indiana Department of Education |
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| Alternative Education New School/Program Proposal |

Approval to establish new alternative education programs needs to be obtained from the Indiana Department of Education. All information on this form in addition to a program narrative must be completed and returned to the Student Pathways team for review prior to the establishment of the new program or school.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete all portions of the following proposal. Include specific detail within each narrative section.

1. What will be the primary mission and vision of the program?

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1. Who will be served with this program and what is the ultimate desired outcomes for the students?

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1. How will the program address the specific needs of the students served? Include how specific components will be innovative and carry out the program’s mission and vision.

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1. Why is this program needed, and how does it fit into your school corporation’s larger school improvement or strategic plan?

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1. Which students will your program serve (check all that apply)? (*Student Eligibility IC 20-10.1-4.6-6.5)*

\_\_\_\_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.

1. Circle Grade(s) To Be Served 6 7 8 9 10 11 12
2. Describe in detail the criteria that will be used to identify students for the program,

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| 7b. Check all entrance methods that apply:  \_\_\_\_\_Student referral  \_\_\_\_\_Parent referral  \_\_\_\_\_Principal referral  \_\_\_\_\_Counselor referral  \_\_\_\_\_Other (describe) |

1. Describe in detail the interventions that will be incorporated with the student in the general education setting prior to referral.

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1. Describe in detail the exit process for this alternative education program/school.

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1. Please provide an estimate of the session times, days, and anticipated number of students. (*Programs must operate for a minimum of 3 hours a day - IC: 20-30-2.2)*

| |  | Session times (must be at least 3 hours) e.g., 7:30-12:00 | Total days the program/school will operate in a year | Anticipated number of students | | --- | --- | --- | --- | | Morning |  |  |  | | Afternoon |  |  |  | | Evening |  |  |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

1. **Please indicate the number of staff of each staff member including licensure information**

| ***Role*** | ***Number*** | ***Type of License*** | ***Full time (Y/N)?*** |
| --- | --- | --- | --- |
| Teacher |  |  |  |
| Teacher Aides |  |  |  |
| Counselors |  |  |  |
| Social Workers |  |  |  |
| Administrators |  |  |  |
| Nurse |  |  |  |
| Other\_\_\_\_\_\_\_\_ |  |  |  |

1. Describe in detail the curriculum that will be used.

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1. Describe in detail the instructional methods and programming that will be implemented.

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1. Describe how diagnostic, formative, and summative assessments will be used to inform on student progress and success.

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1. Describe how parental involvement will be utilized and leveraged.

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1. Describe how community involvement will be utilized and leveraged.

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1. Describe how educational support services and motivational/behavioral components will be incorporated to benefit student success.

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1. Describe how funding will be used to support this program.

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1. Describe the qualifications of the staff who will be working with students and/or programming.

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1. Describe how the program will be continuously evaluated and how local and state reporting will be maintained.

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1. **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** |
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| **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** |
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| **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.** |  |  |  |
| **Other 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.** |  |  |  |
| **Other Goals** | | | |

**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, date-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. If operating as a joint program, an agreement in compliance with IC 20-26-10 has been signed by participating 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 20-30-8-11. 7. The program will have a student to teacher ratio that does not exceed 15 students to 1 teacher. 8. The program will operate for a minimum of three hours per day and students must be enrolled and attending the program for a minimum of 10 consecutive days in order to be included in the grant reimbursement. 9. Program components have not changed significantly from the previous school year. 10. Each alternative education session (AM, PM or EVE) will operate for at least three continuous hours. 11. The school board has approved the alternative education program and curriculum. In the case of joint programs, the school board for each corporation has granted approval. 12. Grant recipients agree to maintain data and to ensure teacher access to historical student performance data.   I CERTIFY that I am authorized to submit this proposal and that the information submitted is, to the best of my knowledge, true and accurate. |
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**Date of New Program Application** \_\_\_\_\_\_\_\_\_\_\_\_

**Date of Anticipated Implementation** \_\_\_\_\_\_\_\_\_\_\_\_

**Date of Provisional Approval**  \_\_\_\_\_\_\_\_\_\_\_\_

**Date of Full Approval** \_\_\_\_\_\_\_\_\_\_\_\_