

Annual Report
Lane County Public Schools
Alternative Education Contract Agencies
2011-2012

Program/School Name: Wellsprings Friends School_____

Agency Name: _____

Agency Contact Person: Yancey DeYoung or Dennis Hoerner_____

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. | 58____ |
| 2. Number of students who earned a GED | 0____ |
| 3. Number of students who earned a high school diploma with CIM. | 0____ |
| 4. Number of students who earned a high school diploma without CIM | 10____ |
| 5. Number of students who participated in non-paid work experience | 10____ |
| 6. Number of students who participated in paid work experience. | 3____ |
| 7. Number of students who have continued in your program once they were admitted. | 65____ |
| 8. Number of students who left your program before completion. | 4____ |
| 9. Number of students who were asked to leave your program for disciplinary reasons. | 0____ |
| 10. Number of students who received Job Training services | 0____ |
| 11. Average daily enrollment for all students in your program this year | 56____ |
| 12. Teaching staff-to-student ratio. | 1:10____ |
| 13. Average # of hours per week a typical student receives academic instruction. | 30 |
| 14. Number of students completing the Oregon Statewide Assessments. | 25____ |

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.** X_____
- All students receive adequate instruction in state common curriculum goals and academic content standards to meet state benchmarks and performance standards. X_____
- All required Oregon Statewide Assessments have been administered and results are reported to students, parents and the school district annually. X_____
- Students are receiving a report of academic progress annually. X_____
- 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 statues and rules. X_____
- 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. X_____
- The program complies with federal law. X_____
- The private alternative education program's annual statement of expenditures is reviewed in accordance with ORS 336.635(2) X_____
- The private alternative education program is in compliance with its contract with the District. X_____

Check which of the following services your program provides:

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

