

**ALTERNATIVE EDUCATION
Lane County Public Schools
Annual Program Site Evaluation
2012-213**

Program/School Name Lane Community College GED

Health & Safety – Facility Condition

Is the facility clean & orderly Yes ☒ No ☐

Comments: _____

Does facility meet safety code Yes ☒ No ☐

Comments: _____

Attendance/Discipline Policy (collect copy of program's Attendance & Discipline Policy)

Are district attendance reporting policies being adhered to? Yes ☒ No ☐

Comments: _____

Is attendance taken daily? Yes ☒ No ☐

Comments: _____

Is there an effective method of presenting & enforcing attendance policies? Yes ☒ No ☐

Comments: _____

Are discipline procedures posted? Yes ☒ No ☐

Comments: _____

Are students alert and engaged? Yes ☒ No ☐

Comments: _____

Curriculum

What does a lesson plan look like for an average day?

Individualized plan with subject specific skill development.

How are the needs assessed and met for IEP students? .

Assess at district and use LCC Disability Resources.

Is curriculum state approved? Yes ☒ No ☐

Comments: _____

What criteria are used for awarding grades/credits? (i.e. proficiency, mastery, project, seat-hours) _____

Has the program been consistent in reporting credits/grades to contracting district? Yes ☐ No ☐

Comments: _____

Teacher Evaluation

Does instructor show ability to engage students? Yes ☐ No ☐

Comments: _____

What is the instructor's style of presentation? Individualized.

Is instructor accredited by the state of Oregon? Yes ☒ No ☐

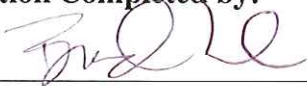
Comments: _____

Has a background investigation been done on all personnel? Yes ☒ No ☐

Comments: _____

Site Evaluation Completed by:

Brad New
Name



Eugene School District 4J
School District

Date: May 13, 2013

Annual Report
Lane County Public Schools
Alternative Education Contract Agencies
2012-2013

Program/School Name: Eugene School District 4J_____

Agency Name: Lane Community College_____

Agency Contact Person: Cathy Lindsley_____

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. | \$20,761 |
| 2. Number of students who earned a GED | 13 |
| 3. Number of students who earned an Alternative Certificate | 0 |
| 4. Number of students who earned an Oregon diploma with essential skills | 0 |
| 5. Number of students who earned a modified diploma with essential skills | 0 |
| 6. Number of students who earned an extended diploma | 0 |
| 7. Number of students who participated in non-paid work experience | 0 |
| 8. Number of students who participated in paid work experience. | 0 |
| 9. Number of students who have continued in your program once they were admitted. | 39 |
| 10. Number of students who left your program before completion. | 9 |
| 11. Number of students who were asked to leave your program for disciplinary reasons. | 0 |
| 12. Number of students who received Job Training services | 0 |
| 13. Average daily enrollment for all students in your program this year | 22 |
| 14. Teaching staff-to-student ratio. | 1:25 |
| 15. Average # of hours per week a typical student receives academic instruction. | 16 |
| 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.	<u>X</u>	<u> </u>
• All students receive adequate instruction in state common curriculum goals and academic content standards to meet state benchmarks and performance standards.	<u>X</u>	<u> </u>
• All required Oregon Statewide Assessments have been administered and results are reported to students, parents and the school district annually.	<u>X</u>	<u> </u>
• Students are receiving a report of academic progress annually.	<u>X</u>	<u> </u>
• 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.	<u>X</u>	<u> </u>
• 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.	<u>X</u>	<u> </u>
• The program complies with federal law.	<u>X</u>	<u> </u>
• The private alternative education program's annual statement of expenditures is reviewed in accordance with ORS 336.635(2)	<u>X</u>	<u> </u>
• The private alternative education program is in compliance with its contract with the District.	<u>X</u>	<u> </u>

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)
Eugene 4J	59			Unknown
Springfield	0			Unknown
Junction City	16			Unknown
Cottage Grove	2			Unknown

Name of person completing this report: Cathy Lindsley

Signature:  Date: 5/13, 2013

Signature of Agency Director: Rachael Shelby Date: 5/13, 2013