*Oregon achieves . . . together!*

**To: Private Alternative Schools/Programs**

Thank you for renewing your current program or school, or registering a new program or school! The Oregon Department of Education welcomes new schools and programs committed to offering high quality education for *all* of Oregon’s students and we look forward to a productive partnership with you.

Please find the following sections in this packet:

[School/Program Information](#_School/Program_Information)

[Enrollment and Instructional Hours by grade](#_Enrollment_and_Instructional)

[District Information](#_District_Evaluation_Information)

[Student Categories](#_Student_Categories)

[Program/School Type](#_Program/School_Types)

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[Criminal Records Check Information](#_Criminal_Records_Checks)

[Statement of Assurances](#_Statement_of_Assurances)

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[School/Program Self-Evaluation](#_PRIVATE_ALTERNATIVE_PROGRAM/SCHOOL)

[Reference Relevant OARs and ORSs](#_References_to_Relevant)

All information in this application is required unless otherwise specified and the application must be completed, in reference to Oregon Administrative Rule (OAR) 581-021-0072, *Registration of a Private Alternative Program/School*. **Applications are due Wednesday, March 31, 2021**

Questions, or for technical assistance, please contact:

 Annie Marges

 503-934-0787

 annie.marges@state.or.us

**Email Completed applications to:**

Annie Marges, via [District Secure File Transfer](https://district.ode.state.or.us/apps/xfers/)

# School/Program Information

| **School/Program Information** | Please enter information in the fields below: |
| --- | --- |
| Program/School Name: | Click or tap here to enter text. |
| Legal name of the Program/School: | Click or tap here to enter text. |
| Physical Address: | Click or tap here to enter text. |
| Mailing Address (if different): | Click or tap here to enter text. |
| County of School/Program: | Click or tap here to enter text. |
| School District: | Click or tap here to enter text. |
| Institution ID Number: | Click or tap here to enter text. |
| Website of School/Program: | Click or tap here to enter text. |
| Administrator/Director Name: | Click or tap here to enter text. |
| Administrator/Director Title: | Click or tap here to enter text. |
| Administrator/Director Phone: | Click or tap here to enter text. |
| Administrator/Director Email: | Click or tap here to enter text. |
| Religious Affiliation (check one): | [ ]  Yes[ ]  No |
| If Yes, denomination: | Click or tap here to enter text. |
| Accrediting Organization: | Click or tap here to enter text. |
| Date of last visit by accrediting organization: | Click or tap here to enter text. |

# Enrollment and Instructional Hours

## Grades offered (check all that apply):

[ ]  K

[ ]  1

[ ]  2

[ ]  3

[ ]  4

[ ]  5

[ ]  6

[ ]  7

[ ]  8

[ ]  9

[ ]  10

[ ]  11

[ ]  12

## Projected Enrollment for the 2021-2022 school year

*Estimated number of students served in each grade (if a grade is offered but there are no students enrolled, please enter zero).*

[ ]  K

[ ]  1

[ ]  2

[ ]  3

[ ]  4

[ ]  5

[ ]  6

[ ]  7

[ ]  8

[ ]  9

[ ]  10

[ ]  11

[ ]  12

**Total enrollment count:** Click or tap here to enter text

**As of (date)** Click or tap here to enter text

**(Please check one)**

[ ]  Enrollment total is actual.

[ ]  Enrollment total is estimated.

OAR 581-022-2320 (*Number of days of school multiplied by the number of instructional hours per day)* Kindergarten - 900 hrs.; Grades 1-3 - 900 hrs.; Grades 4-8 - 900 hrs.; Grades 9-11 - 990 hrs.; Grade 12 - 966 hrs.

*Please indicate the total number of* ***actual instructional hours*** *scheduled for the school year, for each grade served:*

**Hours for Kindergarten:** Click or tap here to enter text.

**Hours for Grades 1-3:** Click or tap here to enter text.

**Hours for Grades 4-8:** Click or tap here to enter text.

**Hours for Grades 9-11:** Click or tap here to enter text.

**Hours for Grade 12:** Click or tap here to enter text.

# District Evaluation Information

*List* ***each*** *school district this school/program contracts with to provide education services during the reporting school year (SY 2021-2022) and provide the following information:*

| **School District #1:** | Please enter information in the fields below: |
| --- | --- |
| School District: | Click or tap here to enter text. |
| Evaluation Completed and date: | Click or tap here to enter text. |
| Comments, if any: | Click or tap here to enter text. |

| **School District #2:** | Please enter information in the fields below: |
| --- | --- |
| School District: | Click or tap here to enter text. |
| Evaluation Completed and date: | Click or tap here to enter text. |
| Comments, if any: | Click or tap here to enter text. |

| **School District #3:** | Please enter information in the fields below: |
| --- | --- |
| School District: | Click or tap here to enter text. |
| Evaluation Completed and date: | Click or tap here to enter text. |
| Comments, if any: | Click or tap here to enter text. |

NOTE: Each district evaluation must be made available upon request (ORS 336.655 and OAR 581-021-0072)

# Student Categories

*Please check all categories of students served by your program/school:*

[ ]  Suspended or expelled

[ ]  Erratic attendance

[ ]  Not meeting academic benchmarks

[ ]  Approved by district for other reasons

[ ]  Pregnant or parenting

[ ]  In need of additional instruction to earn a diploma

[ ]  Exceeding academic benchmarks

[ ]  Other

# Program/School Types

*Please check all programs/schools types that apply:*

[ ]  Serves students who are referred because they are meeting all standards at benchmark level or because they will receive advanced instructions suited to their needs

[ ]  Serves students who are referred for remediation or credit recovery (e.g., additional benchmark instruction, graduation credit recovery, or GED)

[ ]  Serves students who are referred for at-risk behaviors (e.g., attendance, discipline, dropout or potential dropout)

[ ]  Other

## Modality of instruction and percentage of student time:

| **Modality** | **Percent of Student Time** |
| --- | --- |
| [ ]  Self-study, individualize | Click or tap here to enter text. |
| [ ]  One-to-one instruction (tutoring) | Click or tap here to enter text. |
| [ ]  Self-study (small group) | Click or tap here to enter text. |
| [ ]  Direct Instruction (intermediate group) | Click or tap here to enter text. |
| [ ]  Direct Instruction (large group) | Click or tap here to enter text. |
| [ ]  Computer-Based Instruction (online) | Click or tap here to enter text. |
| [ ]  Other | Click or tap here to enter text. |

# Staff Roster Instructions

*Use these instructions when completing the Staff Certification Roster. Specify the staff qualification basis as Administrative (1) or Teaching (2); and the area of experience (A, B, or C).*

1. Administrator

**A.** Holds a current administrative certificate from any state;

**B.** Currently enrolled in an accredited educational program leading to an administrative certificate; or,

**C.** Documentation of verifiable educational or management experience, according to defined criteria that are consistent with the stated educational goals of the school (**submit criteria\* used with application**).

2. Teacher

**A.** Holds a current teaching certificate from any state;

**B.** Teaches at least half time in the major field of study in which a degree was awarded; or,

**C.** Documentation of verifiable experience in the major field of instruction in which the teacher is engaged, according to defined criteria that are consistent with the stated educational goals of the school (**submit criteria\* used with application**).

# Staff Certification Roster

*List all staff as indicated above, add space for staff as necessary.*

| **Staff #1** | Enter information in fields below: |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. |
| \*Qualification Basis Criteria: | Click or tap here to enter text. |
| Current TSPC License # or Registration Date: | Click or tap here to enter text. |
| TSPC License expiration date: | Click or tap here to enter text. |
| \*\*Criminal Records Check Sequence Number: | Click or tap here to enter text. |

| **Staff #2** | Enter information in fields below: |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. |
| \*Qualification Basis Criteria: | Click or tap here to enter text. |
| Current TSPC License # or Registration Date: | Click or tap here to enter text. |
| TSPC License expiration date: | Click or tap here to enter text. |
| \*\*Criminal Records Check Sequence Number: | Click or tap here to enter text. |

| **Staff #3** | Enter information in fields below: |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. |
| \*Qualification Basis Criteria: | Click or tap here to enter text. |
| Current TSPC License # or Registration Date: | Click or tap here to enter text. |
| TSPC License expiration date: | Click or tap here to enter text. |
| \*\*Criminal Records Check Sequence Number: | Click or tap here to enter text. |

| **Staff #4** | Enter information in fields below: |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. |
| \*Qualification Basis Criteria: | Click or tap here to enter text. |
| Current TSPC License # or Registration Date: | Click or tap here to enter text. |
| TSPC License expiration date: | Click or tap here to enter text. |
| \*\*Criminal Records Check Sequence Number: | Click or tap here to enter text. |

***In the staff roster list, please include all staff who work or have contact with students (e.g. administrative staff, fiscal staff, development staff, etc.)***

\*Criteria includes position descriptions or basic qualifications for each staff person.

\*\*An application to register or to renew registration of a private alternative program will not be processed without criminal records check information and TSPC license number for each individual listed on the roster. **NO TSPC Account Numbers**. In accordance with OAR 581-021-0073, the ODE may suspend, revoke, or refuse to renew approval of a registration if the ODE finds the program fails to comply with registration requirements, or the program or its agents intentionally or knowingly made false, deceptive, inaccurate, or misleading representations of fact in any oral, written, visual, or electronic presentation in connection with the registration.

# Criminal Records Checks Information

ORS 336.631(2) and OAR 581-022-2505(2) require private alternative programs/schools that are registered with the Department of Education to conduct criminal records checks consistent with ORS 181.539, ORS 326.603, ORS 326.607, and ORS 342.232.

Consistent with ORS 181.539 and OAR 581-022-2430, a private alternative program/school must request a criminal records check for each employee of the private alternative program who will have direct, unsupervised contact with children. The Department assumes that each employee of a private alternative program will have some direct, unsupervised contact with children. A program may dispute this assumption by submitting evidence satisfactory to the Department of Education that the employee will not have any direct, unsupervised contact with children. Consistent with ORS 326.607, a private alternative program/school may request a criminal records check for an individual who is a volunteer.

A private alternative program/school must be registered with the Department of Education before a school district may contract with or distribute public funds to the program/school (ORS 336.631). An application to register or to renew registration will not be processed without the criminal records check information required by the amended staff roster.

Direct requests regarding **criminal records checks** and related questions to

**Shonna Bumgarner** at 503-947-5874, shonna.bumgarner@state.or.us.

# Statement of Assurances - Division 22

The applicant private alternative education program/school assures the following consistent with OAR 581‑022‑2505, OAR 581-022-0072, OAR 581-021-0073, and with cited Oregon Revised Statues and Oregon Administrative Rules. ***At all times during its operation, the applicant private alternative education program/school will implement and maintain***:

| **Y/N** | Please indicate YES or NO in front of each statement: |
| --- | --- |
|  | Policies and procedures to ensure that the program serves only those students who are approved for placement in the program by each student’s resident and attending school district. |
|  | A comprehensive K-12 instructional program that ensures students receive instruction in the educational standards adopted by the State Board of Education and participate in district-wide and statewide assessments of student achievement for the grade level(s) the program serves. |
|  | Programs that assist each contracting district in meeting its planned instructional program. *OAR 581-022-2030* |
|  | Programs that assist students in earning diploma credits. *OAR 581‑022‑2000 and OAR 581-022-2025* |
|  | An education plan and profile for each student that includes criteria for determining if, when, where, and how the student may transition from the program. *OAR 581-022-2000 and (b); OAR 581-022-2000(3)* |
|  | Policies and procedures to ensure that the program will provide special education services **only if** the program is approved by the ODE to provide those services. |
|  | Policies and procedures to ensure that the program reports academic performance, behavior, graduation, dropout, and other data as required by each contracting district and by the state. |
|  | Policies and procedures to ensure that the program maintains student education records consistent with the policies of each contract district. *OAR 581‑022‑2260* |
|  | Emergency plans and safety programs. *OAR 581-022-2225* |
|  | An asbestos management plan. *OAR 581-022-2230* |
|  | An infectious diseases instructional program. *OAR 581-022-2050* |
|  | A plan for administration of medications. *OAR 581-021-0037* |
|  | A plan for dealing with blood borne pathogens. *OAR 437‑002‑1910‑1030* |
|  | A plan to provide health services in cooperation with the contracting district(s). *OAR 581-022-2220* |
|  | Policies and procedures on tuition and fees consistent with the policies and procedures of the contracting district(s). *ORS 337.150, ORS 339.141, and ORS 339.155* |
|  | A policy of nondiscrimination. *ORS 659.850 and ORS 659.855* |
|  | A policy that the program will not violate constitutional prohibitions on religious entanglement. *ORS 327.109* |
|  | Policies and procedures to ensure that staff hiring and evaluation require reference and background checks, regular evaluations, and licensure or registration consistent with the administrative rules of the ODE and of the Oregon Teacher Standards and Practices Commission (TSPC).  |
|  | Policies and procedures to provide training for all students which is designed to prevent child abuse. |
|  | Policies and procedures to ensure training for all school employees on the prevention and identification of child abuse and on the obligations of school employees to report child abuse based on policies adopted by the school board or governing body. This training shall be updated and presented to all employees on an annual basis. |
|  | Policies and procedures to make the training detailing prevention of child abuse for students available to parents and legal guardians of children who attend a school operated by the education provider. |
|  | Policies and procedures to ensure that state school fund claims are made consistent with the requirements of ODE. *OAR 581‑023‑0006(6)(a) and (7)* |
|  | Policies and procedures to ensure that state school funds are claimed only for those activities approved by the contracting district. *OAR 581‑023‑0008* |
|  | Policies and procedures to ensure that the program complies with each statute, rule, and district policy in each contract with a district. |
|  | Policies and procedures to ensure that the program notifies the ODE and each contracting district of each written complaint received by the program that alleges non-compliance with the requirements for private alternative program registration. |
|  | Each private alternative program must provide an annual statement of program expenditures to each contracting district consistent with ORS 336.365.2. *OAR 581-021-0072 (7)* |

In accordance with OAR 581-021-0073, the ODE may deny, suspend, revoke, or refuse to renew a registration if the ODE finds the program fails to comply with registration requirements, or the program or its agents intentionally or knowingly made false, deceptive, inaccurate, or misleading representations of fact in any oral, written, visual, or electronic presentation in connection with the registration. By checking “Yes” above and signing below, you are assuring that your program/school meets requirements listed and can provide evidence upon request.

I certify that (insert school name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Can make the assurances listed above; and maintains evidence of compliance with the requirements of the assurances.**

Name of Administrator and Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Documentation Required

**One copy each of these must be submitted with the application** for registration of applicant’s private alternative education program to document compliance with OAR 581‑021‑0072, Registration of Private Alternative Programs/Schools.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

| *Initial* | *\*School/Program Administrator, please provide an initial for each assurance.* |
| --- | --- |
|  | The annual fire and safety inspection for each location owned or occupied by applicant where students will receive education services including but not limited to instruction or counseling. |
|  | The certificate(s) of insurance showing that applicant maintains commercial general liability insurance of at least $1 million for each location owned or occupied by applicant where students receive education services including but not limited to instruction or counseling. |
|  | The program/school mission statement |
|  | A sample education plan and profile document implemented for a student consistent with OAR 581-022-1120(3)(a) and (b) and OAR 581-022-2000(3) and that includes criteria for determining if, when, where, and how the student may transition from the program. **In accordance with ORS 339.260 and the Federal Family Education Rights and Privacy Act (FERPA), please delete or hide student names and identification numbers** |
|  | A sample showing how student attendance is reported. |
|  | A sample showing how the program/school annually reports the results of each student’s performance on district and state assessments to students, the students’ parents or legal guardians, and the students’ contracting districts. **In accordance with ORS 339.260 and the Federal Family Education Rights and Privacy Act (FERPA), please delete or hide student names and identification numbers.** |
|  | For previously approved private alternative education programs or schools, the written annual evaluation completed by each contracting public school district for the prior school year. |
|  | A current Master Schedule of all course offerings for the 2021-2022 SY |
|  | Policies and Procedures for hiring of teaching staff |

 |
|  |

The ODE may modify these documentation requirements or may require additional documentation at any time. In accordance with OAR 581-021-0073, the ODE may deny, suspend, revoke, or refuse to renew a registration if the ODE finds the program/school fails to comply with registration requirements or the program or its agents intentionally or knowingly make false, deceptive, inaccurate, or misleading representations of fact in any oral, written, visual, or electronic presentation in connection with the registration under OAR 581-021-0072. By initialing above and signing below, you are assuring that your program/school meets requirements listed and can provide evidence upon request.

# PRIVATE ALTERNATIVE PROGRAM/SCHOOL SELF-EVALUATION

**(OAR 581-021-0072)**

*Insert yes or no in front of each statement:*

| **Y/N** | Please indicate YES or NO in front of each statement: |
| --- | --- |
|  | The school has on file a written statement of its philosophy, goals and objectives - submit philosophy/mission statement with application. |
|  | The number of administrators provides necessary administrative support to ensure effective operation of the school. |
|  | Secretarial assistance is adequate to ensure effective operation of the school. |
|  | Each administrator qualifies on the basis of one of the following a. Holds a current administrative certificate from any state.b. Currently enrolled in an accredited educational program leading to an administrative certificate; or, c. Documentation of verifiable educational or management experience, according to defined criteria, which are consistent with the stated educational goals of the school - attach criteria used. |
|  | Each teacher (including part-time) qualifies on the basis of one of the following: a. Holds a current teaching certificate from any state;b. Teaches at least one-half time in the major field of study in which a degree was awarded; or,c. Documentation of verifiable experience in the major field of instruction in which teacher is engaged, according to defined criteria which are consistent with the stated educational goals of the school. (submit criteria used with application) |
|  | The school’s curriculum considers the goals of modern education as defined in: (OAR 581-022-2000 and ORS 345.525(d)).  |
|  | The school’s curriculum is sound, comprehensive and consistent with the school’s stated philosophy, objectives and educational goals. |
|  | If the school has a program of course offerings through grade 12, its academic standards are adequate to qualify graduates to attend community colleges and institutions of higher education. |
|  | Courses are taught for a period of time equivalent to that required for children attending public schools. (Not applicable for Preschools) Public School requirements are: Kindergarten - 900 hrs.; Grades 1-3 - 900 hrs.; Grades 4-8 - 900 hrs.; Grades 9-11 - 990 hrs.; Grade 12 - 966 hrs. |
|  | The teacher/student ratio is such that it will ensure an effective educational program as required by the Program of Studies.**Give ratio of teacher/students** **\_\_:\_\_**MUST BE COMPLETED  |
|  | The school provides an adequate system of student progress records as prescribed by state and federal laws. |
|  | Student permanent records are maintained in a fire safe location. |
|  | Student progress records are transferred promptly to another educational institution upon receipt of notice of enrollment. |
|  | The school has instructional media center(s) or facilities necessary to provide appropriate media services. |
|  | Instructional materials, including textbooks, are adequate to meet educational objectives. |
|  | Each instructional classroom or station is properly equipped with materials that provide the necessary environment for the activity assigned. |
|  | The school site is well maintained and of adequate size. |
|  | The school complies with rules of the State Fire Marshal (ORS 476, 477, 478, 479, 480) and Health Division (check with your County Health Department for rules and procedures relating to health and sanitation). (ORS 345.535 (3)) |
|  | The quality and quantity of equipment facilitates achievement of the goals of the educational program. |
|  | Transportation provided is in compliance with state and federal laws and Oregon Department of Education rules and regulations. **If transportation is not provided, please insert "N/A".** |
|  | If any pupils are transported by school buses, all students have received instructions on bus safety and have had training in bus evacuation drills. |

# References to Relevant OARs and ORSs

[Alternative Education Web Page](http://www.oregon.gov/ode/learning-options/schooltypes/AltEd/Pages/default.aspx)

[Oregon Revised Statutes (ORS)](https://www.oregonlegislature.gov/bills_laws/Pages/ORS.aspx)

[Oregon Administrative Rules (OAR)](http://www.oregon.gov/ode/learning-options/schooltypes/AltEd/Pages/Alt-Ed-laws-and-rules.aspx)