*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.

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 Friday, March 31, 2023, upload application and required documentation to the** [**Checklist Form**](https://app.smartsheet.com/b/form/f9593f8a9b5c4dce8a8b3acdd610e1e1)

Questions, or for technical assistance, please contact:

 Annie Marges, annie.marges@ode.oregon.gov

 Sharon Ounapuu, sharon.ounapuu@ode.oregon.gov

**Statement of Accuracy and Adherence to Assurances**

In accordance with OAR 581-021-0073, 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” in the assurances, 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 in this application; and maintains evidence of compliance with the requirements of the assurances.**

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

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

# School/Program Information

| **School/Program Information** | Please enter information in the fields below: |
| --- | --- |
| Physical Address: | Click or tap here to enter text. |
| Mailing Address (if different): | 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. |
| Accrediting Organization: | Click or tap here to enter text. |
| Date of last visit by accrediting organization: | Click or tap here to enter text. |

# Student Population Served

Grades offered (check all that apply):

[ ]  K

[ ]  1

[ ]  2

[ ]  3

[ ]  4

[ ]  5

[ ]  6

[ ]  7

[ ]  8

[ ]  9

[ ]  10

[ ]  11

[ ]  12

*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 Click or tap here to enter text.

# 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 Click or tap here to enter text.

## Modality of instruction and percentage of student time:

| **Modality** | **Percent of Student Time** |
| --- | --- |
| [ ]  Self-study, individualized | Click or tap here to enter text. |
| [ ]  One-to-one instruction  | Click or tap here to enter text. |
| [ ]  Self-study  | Click or tap here to enter text. |
| [ ]  Direct Instruction, in-person | Click or tap here to enter text. |
| [ ]  Direct Instruction, virtual  | Click or tap here to enter text. |
| [ ]  Remote / Online Instruction  | Click or tap here to enter text. |
| [ ]  Other | 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 2022-2023) 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. |

If you do not have a district evaluation for SY 2022-2023, please explain why here:

|  |
| --- |
| 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)

# 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**).

\*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 licensed staff listed on the roster.

# Staff Certification Roster

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

***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.)***

| **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. |

# 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 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**. Consistent with ORS 326.607, a private alternative program/school may request a criminal records check for an individual who is a volunteer.

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**, shonna.bumgarner@state.or.us.

# Statement of Assurances - Division 22 and Division 21

The applicant private alternative education program/school assures the following consistent with [OAR 581‑022‑2505](https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=290555), [OAR 581-021-0072](https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=298868), [OAR 581-021-0073](https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=144683), 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: |
| --- | --- |
|  | The school has on file a written statement of its philosophy, goals and objectives - submit philosophy/mission statement with application. |
|  | 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)* |
|  | The program complies with the IEP for each student who is eligible to receive special education services |
|  | Emergency plans and safety programs. *OAR 581-022-2225* |
|  | An asbestos management plan. *OAR 581-022-2230* |
|  | Communicable disease control. *OAR 581-022-2220* |
|  | A plan for administration of medications. *OAR 581-021-0037* |
|  | A plan for dealing with blood borne pathogens. *OAR 437‑002‑1910, OAR 437-002-1030* |
|  | 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)* |
|  | 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* |
|  | 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) |
|  | Courses are taught for a period of time equivalent to that required for children attending public schools. 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. |

#

# Additional Considerations

While not required by statute or rule, these items should be considered as part of a high-quality educational experience for students. *Insert yes or no in front of each statement:*

| **Y/N** | Please indicate YES or NO in front of each statement: |
| --- | --- |
|  | 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. |
|  | 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** **\_\_\_:\_\_\_**  |
|  | The school provides an adequate system of student progress records  |
|  | 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 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. |
|  | 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 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

[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)