For department use only:

Approved: _____
Reviewer: _____
Date: _____

Application for Approval of Alternative Education Programs

Each school district that wishes to create an alternative education program within their school district must complete this application. Alternative education describes a variety of schooling and programmatic options for "youth at risk" who have difficulty in a traditional academic setting. Each program is unique according to its mission. In many cases, alternative education provides a second chance for students who have dropped out of the traditional K-12 system. Alternative education recognizes that all youth are individuals with unique learning styles, preferences and needs.

Alternative education programs in South Dakota encourage students to complete high school and pursue additional schooling or obtain a job. Some programs are funded by federal, state and local matching grants; several South Dakota programs receive funding through the federal Job Training Partnership Act.

Section I: District Demographic Information

School District: _____

District Address: _____

Proposed Name of Alternative Program (if applicable): _____

_____

Application Submission Date: _____

Name of Submitting Administrator: (Print Please)

_____ _____
Name *Title/Position*

Section II: Affirmation of Intent

The information requested to support this application is contained in the attached pages and we hereby certify under the penalties of perjury that the information contained in this report is accurate and that no information pertinent to the determination of an approved status requested above has been intentionally or willfully withheld.

District Superintendent: *(Sign Please)* _____

Alternative Program Administrator: *(Sign Please)* _____

Please complete the application and return to Jennifer Neuhauser at the Office of Accreditation & Teacher Quality, Alternative Education, 700 Governors Drive, Pierre, SD 57501

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Section III: Description of Program

1. The alternative program will be considered a:

_____ Stand-Alone Program:

- All data for the program reported to the Department of Education will be specific to that program.
- Program could have shared staff between regular high school and alternative program, but staff and student data would be disaggregated by FTE
- Program is assigned a unique identifier

_____ Merged Program

- Alternative program will be merged with an existing attendance center
- Staff and student data are not disaggregated from regular attendance center data
- Program identified in Verification of Educational Structure submission
- Program is not assigned a unique identifier

2. Education for the alternative program will be provided by:

_____ The school district where the program is physically located

_____ An educational cooperative

3. The alternative program calendar will:

_____ Follow the district calendar

_____ Have a unique instructional calendar (If so, please attach a copy of the proposed alternative program calendar, including vacation and inservice days).

4. Please provide a short narrative describing the objective of the alternative program.

5. What is the major funding source in this program? (i.e. federal - 50% state-local 10%) If the program is being funded through a grant or Federal program, please list.

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6. What is the approximate total number of students that will be served per year by the alternative program?

_____

7. Target Group to be served:

a. What selection process and criteria are used to qualify students for enrollment in the alternative program?

b. Average length of stay for the target group:

8 The curriculum used for the alternative program is:

_____ The same as the curriculum in the regular attendance center

_____ An alternative curriculum. (If so, please describe below.)