

ALTERNATIVE EDUCATION PROGRAM APPLICATION

July 20____ - June 20____

Application _____
(New or Renewal?)

Amended Application _____
(Amendment Number)

School District _____

Contact Person _____

Mailing Address _____

Phone Number _____ Fax Number _____

Email Address _____

Site Location Address

Site Contact Person _____

Site Contact Phone Number _____

Site Contact email _____

Site Hours of operation _____

Site Location Address

Site Contact Person _____

Site Contact Phone Number _____

Site Contact email _____

Site Hours of operation _____

Site Location Address

Site Contact Person _____

Site Contact Phone Number _____

Site Contact email _____

Site Hours of operation _____

Site Location Address

Site Contact Person _____

Site Contact Phone Number _____

Site Contact email _____

Site Hours of operation _____

Site Location Address

Site Contact Person _____

Site Contact Phone Number _____

Site Contact email _____

Site Hours of operation _____

Site Location Address

Site Contact Person _____

Site Contact Phone Number _____

Site Contact email _____

Site Hours of operation _____

Attach additional sheets if necessary

Date Received By Department:

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INFORMATION

An approved Alternative Education Plan will be in effect for 5 fiscal years beginning on July 1 and extending for five years until June 30.

Updates will be required if significant changes are made within the program. Significant changes may include the addition of new programs, a change in method of instruction, etc. Please utilize the application form to update your program application.

Nevada Administrative Code (NAC) requires specific approval from the Superintendent of Public Instruction for some of the nonstandard elements that may be included in an Alternative program.

These approvals include, but are not limited to:

Short School Day in Session – NAC 387.140 (4)

Minimum Daily Period/Demonstrated Competency – NAC 387.131

***Maintenance of Class Record Books – NAC 387.197 (District to District Agreements)
(Agreements for education of students in detention facilities)***

Approval of the plan submitted will constitute approval of the Superintendent of Public Instruction.

1. *Estimated* number of students participating: _____
(Total students served during the fiscal year will be reported to the Department of Education in July/August of the preceding year)
2. Provide a plan for maintaining the records of each pupil placed in an Alternative Education program. (Please include examples of each as attachments to this plan.)
 - a. Individual Alternative Education Plan: (Or similar form used by your school district)
 - i. Describe how the plan is processed
 - ii. Who is involved in processing the IAEP
 - iii. How and when is the IAEP updated
 - iv. Any other details contained in the plan such as the number of classes, independent study, or distance education outlines and procedures etc.
 - b. A copy of the student's attendance that complies with NAC 387.131 or NAC 387.140(4);
 - c. A record of the assignments, tests, and/or competencies that the student has completed; and
 - d. A record that indicates the final grade or credit earned for each course as issued by the instructor.
3. Describe target group(s) and grade levels of students participating in Alternative education programs (NRS 388.537).
4. Describe the school schedule of the Alternative Education program (NRS 388.537):
If the daily period for instruction for your Alternative program is different from that of the regular school schedule, please describe the schedule.

If available within the program, how do students demonstrate competency in a curriculum that meets the state standards? (NAC 387.131, 3. a.)

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5. Describe various curricula and student opportunities available in the Alternative Education Program (NRS 388.537)
 - a. Career and Technical Education courses leading to a certificate of competency.
 - b. Opportunity to obtain credit for work or volunteer activities.
(Please attach school district/program policies and/or forms utilized to track student progress and attendance.)
 - c. A comprehensive curriculum through Alternative Education which includes all core requirements and electives for a standard high school diploma.
 - d. Computer-based curriculum. **(Utilized for individualized study within the classroom)**
 - e. Child care for children of students.
 - f. Transportation of pupils to and from classes.
 - g. Opportunity to obtain credit through correspondence courses.
 - h. Opportunity to obtain credit through community college courses.
 - i. Other types of instruction.
6. Plan to provide for Independent Study (NAC 388.520).
(Complete this section only if your district offers Independent Study Courses as part of its Alternative Education activities.)

For the purpose of this Plan, “Independent Study” refers specifically to a program that includes work done by the student outside of the classroom toward the time required for credit completion. *It does not refer to work done by the student in the classroom that is self-paced.*

- a. Indicate the target group(s) of students for Independent Study.
- b. What is the maximum period allowed to complete an Independent Study course?
- c. What is the maximum number of credits that a student may earn in courses of Independent Study?
- d. Please specify the combined number of hours per day a student spends attending school, teacher/student meetings, and/or completing the study hours specified in the student contract. (NAC 387.195)
- e. Provide a plan for maintaining the records of each student placed for independent study, including, but not limited to the following documents: (Provide a sample copy of each document.)
 - i. A copy of the contract for independent study;
 - ii. A copy of the record of scheduled meetings between the student and the instructor;
 - iii. A record of the assignments that the student has completed; and
 - iv. A copy of the record that indicates the final grade or credit earned for each course of independent study as issued by the instructor.
- f. List the intended instructors and specific course names that will be offered for Independent Study. Use additional sheets if necessary.

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INDEPENDENT STUDY ONLY

Instructor Name	Course Name
First Name, Last Name	Course Name and Credit Type
First Name, Last Name	Course Name and Credit Type
First Name, Last Name	Course Name and Credit Type
First Name, Last Name	Course Name and Credit Type

Attach additional sheets if necessary

7. Distance Education: NRS 388.820 to NRS 388.874, NAC 387.193, NAC 388.800 to 388.860

Does the Alternative Program provide Distance Education? _____

Does the School District have an approved Distance Ed plan? _____

An Alternative Program may **NOT** operate a Distance Education Program without a plan approved by the Department of Education. ***The Alternative Education plan does not constitute a Distance Education Plan.***

If the school district has a Distance Education Plan that has been approved by the Department of Education and has not expired, no narrative is necessary. Please attach a copy of the plan and a copy of the plan approval to this document.

Does the District provide Distance Ed to students from other school districts? _____

Is there a contract between the Districts? _____

Please attach a sample copy of any contracts between your district and others required by NRS 388.854 & NAC 388.850

-- For Department use only --

Approval by Alternative Education Program Review Committee:

Date _____
Verification by Tracy Moore, Alternative Education Program Professional

Approval by Superintendent of Public Instruction

Date _____
Steve Canavero, Ph.D.