



2021-2022 Alternative Education Site Authorization Rubric

School System:

Site Name:

AE Site Type Requested: School Program

LDOE Reviewer:

Application Core Component	Bulletin 131 Requirements	Application details Bulletin 131 requirements	Additional information needed to fulfill Bulletin requirements	Additional Information Provided and Satisfies Bulletin Requirements
<p>I. Mission and Purpose</p>	<p>Site application provides:</p> <ul style="list-style-type: none"> ○ Mission and purpose that clearly identifies targeted student population ○ Reasons that a student is transitioned to the AE site ○ Expected student outcomes from AE services 	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>II. Transitional Planning and Support</p>	<p>Site application provides:</p> <ul style="list-style-type: none"> ○ An academic and behavior assessment upon transition ○ Clear process to support transition to AE site and to return to home school that includes all stakeholders ○ Transition support plan that addresses student behavioral and academic needs ○ Time affirmation 	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

	<ul style="list-style-type: none"> Transition plan and process: Includes review of applicable student records (i.e. IEP, discipline record, academic transcript, pupil progression plan, etc.) 	<input type="checkbox"/> YES <input type="checkbox"/> NO		
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III. Academic Interventions and Graduation Pathways	Site application identifies: <ul style="list-style-type: none"> Addressing supports to reach grade level mastery/graduation as applicable 	<input type="checkbox"/> 4th <input type="checkbox"/> 9 th <input type="checkbox"/> 12th		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<ul style="list-style-type: none"> Modality of instruction 	<input type="checkbox"/> F2F <input type="checkbox"/> Computer <input type="checkbox"/> Blended		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<ul style="list-style-type: none"> Tier 1 Curriculum Aligned to State Standards similar to sending school 	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<ul style="list-style-type: none"> A progress monitoring protocol to assess student performance to meet academic goals 	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<ul style="list-style-type: none"> Academic intervention(s) plan for IEP or Act 833 	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

	<ul style="list-style-type: none"> ○ A parent engagement process to develop the following plans: individual academic improvement plan, individual graduation plan, individualized education program plan, and individual accommodation plan. ○ Access to education pathways (e.g. TOPS University, Jump Start TOPS Tech) comparable to existing options in the school system, and in accordance with state law and BESE regulation. 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TOPS University <input type="checkbox"/> Jump Start TOPS Tech <input type="checkbox"/> Jump Start Pathways		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
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IV. Behavior Interventions	Site application identifies:			
	<ul style="list-style-type: none"> ○ Utilization of a tiered system of behavioral support response ○ Evidence-based behavior intervention(s) 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
	<ul style="list-style-type: none"> ○ Universal screener used annually or more 	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

	<ul style="list-style-type: none"> ○ A progress monitoring protocol to evaluate efficacy of interventions. ○ Use of implementation fidelity measures to assess tiered selected interventions ○ School Climate and Culture Survey (SCCS) administered ○ PD aligned with needs identified in SCCS ○ Well-Being Strategies identified and initiated 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
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V. Supports, Services and Professional Development	Site application includes: <ul style="list-style-type: none"> ○ Diverse staff with specialized certifications ○ Qualified Mental Health Professionals employed ○ Community partners who provide services, counseling, etc. 	<input type="checkbox"/> YES <input type="checkbox"/> NO Certification Types: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
VI. Accountability	Site application includes: <ul style="list-style-type: none"> ○ Annual improvement plan based on training and performance outcomes 	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO



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Superintendent Signature Approval		<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If NO, Contact the LEA to resubmit Jotform with Superintendent Signature</i>
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Round 1 Authorization Decision:

- Recommended for BESE approval
- Conditionally recommended for approval, contingent upon updates/edits made to highlighted areas indicated above
- Not recommended for BESE approval