Please provide the following information regarding alternative learning environment (ALE) for the 2022-2023 school year:

District Name:

District’s LEA Number:

Total number of ALE programs:

Director’s Name:

E-Mail:

ALE Program Name:

Grade levels of this ALE program:

**(Districts with more than one program must complete a separate Program Description for each program.)**

ALE Physical Address:

Phone#:       Cell#:       Fax#:

**Please complete the following state-mandated components for every ALE program provided by the district. Make sure you have attached your district’s ALE forms as a Word Document. \*Note: Provide complete thorough answers to the questions; the boxes will expand as you type.\***

1. What are the types of placement, progress, and transitional documentation used?

*We certify that we use various types of written documentation including but not limited to required prior interventions that have been attempted, grades, teacher notes, attendance records, behavior plans, etc...* **Yes** [ ]  **No** [ ]

**Placement**-What documents are gathered and reviewed to help with the decision process to determine student placement, to include prior documented interventions?

**Progress**- What documents are used to determine if a student has progressed academically and socially, to include a Student Action Plan?

**Transition**- What documents will be used to determine if a student has successfully transitioned, to include a written transition plan?

1. Describe the ALE Placement Criteria and Placement Procedures. How will the procedures be monitored and all team members included?

A. *We certify that we follow the placement criteria set forth by DESE ALE rules.* **Yes** [ ]  **No** [ ]

4.02.1 To be an eligible ALE student, a student must exhibit two (2) or more of the characteristics identified in Section 4.02.1.1 and Section 4.02.1.2. Students will not be placed in the ALE based on academic problems alone.

 4.02.1.1 Situations that negatively affect the student’s academic and social progress may include, but are not limited to:

 Ongoing, persistent lack of attaining proficiency levels in literacy and mathematics;

 Abuse: physical, mental, or sexual;

 Frequent relocation of residency;

 Homelessness;

 Inadequate emotional support;

 Mental/physical health problems;

 Pregnancy;

 Single parenting.

 4.02.1.2 Students placed at risk, though intelligent and capable, typically manifest one or more of the following characteristics:

 Personal or family problems or situations;

 Recurring absenteeism;

 Dropping out of school;

 Disruptive behavior.

B. *We certify that we use the proper placement team set forth by DESE ALE rules:* **Yes** [ ]  **No** [ ]

 The school counselor from the referring school;

 The building principal or assistant principal from the referring school;

 One (1) or more of the student’s regular classroom teachers;

A local education agency special education or 504 representative, if applicable;

 A parent or guardian of the student, if they choose to participate; and

 An ALE administrator or ALE teacher, or both.

At the option of the school district, the student may be included as a member of the

Alternative Education Placement Team.

\*\*\*The school district shall document efforts to contact the parent or guardian to schedule a meeting or a phone call for a placement meeting at the parent or guardian’s convenience, and maintain such documentation in the student’s Student Action Plan (SAP).

C. *We certify that we develop a Student Action Plan (SAP) set forth by DESE ALE rules.*

 **Yes** [ ]  **No** [ ]

D. What are the placement procedures? (What are the steps taken from the time a student is referred to ALE to when a student is placed

 in ALE?)

 **Describe the placement procedures here.**

E. **Who monitors** **to ensure the placement procedures are followed correctly**?

1. The ALE is a supportive/non punitive environment. (4.01)

*We certify that our ALE program is not used as a punishment.*

*We certify that our ALE program provides all necessary support components (mental health services, social skills training, counseling, etc.)*

*We certify that our ALE students are afforded the opportunity to participate in school activities with their peers in a traditional environment, including but not limited to common break times, field trips, assemblies, after school programs, and extra-curricular activities.*

 **Yes** [ ]  **No** [ ]

1. Proposed teacher/student ratios and how ratios will be monitored on a regular basis. (4.03.2)

*We certify that we follow the following teacher student ratios:* **Yes** [ ]  **No** [ ]

4.03.2.1 For grades kindergarten through six (K-6), no more than ten (10) students to one (1) teacher. If a paraprofessional is employed in addition to a licensed teacher, the student/teacher ratio shall be no more than twelve (12) to one (1).

4.03.2.2 For grades seven through twelve (7-12), no more than fifteen (15) students to one (1) teacher. If a paraprofessional is employed in addition to a licensed teacher, the student/teacher ratio shall be no more than eighteen (18) to one (1).

4.03.2.2.1 For physical education courses that lend themselves to large group instruction, this ratio may be increased up to thirty (30) students to one (1) teacher when a paraprofessional is employed in addition to a licensed teacher.

 4.03.2.3 In a middle school where the grade configuration includes grades five (5) or six (6), or both, the student/teacher ratio for

 grades seven through twelve (7-12) may be applied.

**Who monitors** **to ensure ratios are maintained**?

1. Individual counseling services will be provided. (4.01.2)

Alternative education interventions are in addition to all traditional resources provided to every student enrolled in a district.  The school counseling expectations for traditional students are more general, on an “as needed access” basis.  In alternative education, individualized school counseling occurs regularly that addresses the social, emotional, home life challenges and also the academic support systems to move every student forward.  Every student has a Student Action Plan (SAP) and a written transition plan that describes the specific needs and addresses how the individual counseling interventions will occur.

Many school districts allow an outside provider to work with their students through school based mental health provisions or additional support services.  Most students begin the program with more intensive counseling needs that taper down in preparation for transition.  During the transition time back to the traditional setting, the contact is planned as a safety net to help the student with social, emotional, and academic success needs.

*We certify that School Based Mental Health (SBMH) services will be discussed at all placement meetings.* **Yes** [ ]  **No** [ ]

*We certify that individual counseling services will be provided.* **Yes** [ ]  **No** [ ]

1. **Describe how instruction will be supplemented by technology and list technology used. (4.04)**

1. Credit Recovery
2. *We certify that Credit recovery is only used for students who have actually participated / attempted (tried to do the work) in a course but failed. Credit recovery is not for first time course attempts. Credit Recovery within the ALE is only for students who have gone through the placement process, been placed in ALE, and are also taking first time courses in the ALE.* **Yes** [ ]  **No** [ ]
3. **If Credit Recovery is a component of the ALE program, describe how it is used and list curriculum materials used**. (4.04):

1. The general school curriculum and instructional methods are aligned with Arkansas standards. (4.04)
2. *We certify that the curriculum used is aligned with the Arkansas Curriculum Standards*. **Yes** [ ]  **No** [ ]
3. **What are the instructional methods and materials used**?

1. Drop Out Recovery/High School Equivalency testing preparation may be a component of the ALE program. (4.04.3)

*We certify that we use Drop Out Recovery/High School Equivalency as set forth by DESE ALE rules.* **Yes** [ ]  **No** [ ]

**Describe how it is used and list materials**.

What are the ages of students who participate in the High School Equivalency preparation component?

1. Students with disabilities placed in an ALE will receive services in keeping with the Individuals with Disabilities Education Act.

A. *We certify that students with disabilities receive services as outlined in the IEP.* **Yes** [ ]  **No** [ ]

B. **Are special education services provided in the ALE environment or in a special education environment**?

C. **Who monitors to ensure special education services are being provided**?

1. **Describe the ALE Exit Criteria and how transition success will be monitored**. (4.02)

1. A. **Describe the “Positive Behavioral Supports” to include social skills curriculum (personal competencies), specialized trainings attended by ALE educators, programs used, and other tools/resources that benefit students.**

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B. **Describe career-centered intervention services being implemented in the ALE program, and list programs being used**.

1. **Describe the immediate needs of the ALE program**. (training, supplies, staff, etc.)

1. Is the ALE program part of a consortium? **Yes** [ ]  **No** [ ]

**If yes describe the arrangement(s) and send MOUs along with signature page.**

***By my signature below, I hereby certify that this is the program description for 2022-2023 school year, in compliance with all laws and rules governing alternative learning environments.***

**School District:** **School District LEA Number:**

**Program Name:       Grade Levels:**

 **Printed name of Superintendent**

**Signature of Superintendent Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name of ALE Teacher/Director**

 **Signature of ALE Teacher/Director Date**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number Fax Number E-Mail**

**DUE ON OR BEFORE March 31, 2022**

**Email completed form (as a WORD doc), along with a scanned**

 **copy of the signature page (as a PDF) and MOUs (if applicable) to:**

**ade.ale@ade.arkansas.gov**