

ILLINOIS STATE BOARD OF EDUCATION
 Special Education and Support Services Division
 100 North First Street, N-253
 Springfield, Illinois 62777-0001

**ALTERNATIVE LEARNING OPPORTUNITIES PROGRAM (ALOP)
 APPLICATION FOR PROGRAM CONTINUATION**

BACKGROUND AND INSTRUCTIONS:

Section 240.80 of the 23 Ill. Admin. Code states, "In order to continue to operate an Alternative Learning Opportunities Program approved pursuant to Article 13B of the School Code and this Part, the school district shall annually submit an application for continuation, on a form supplied by the State Board of Education." This form is to be used to make application for program continuation.

Applications for Program Continuation must be received no later than **July 1, 2011**.

Mail to: V. Sue Taylor, Principal Consultant Special Education and Support Services Division Illinois State Board of Education 100 North First Street, N-253 Springfield, Illinois 62777-001	If you have questions, you may call V. Sue Taylor at 217-782-5589 or submit your questions via e-mail to vtaylor@isbe.net
DISTRICT NAME AND NUMBER	NAME OF CONTACT PERSON
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)
	COUNTY

A. PROPOSED CHANGES TO THE DISTRICT PLAN (Check (✓) any of the elements that will be changed.)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Description of Program | <input type="checkbox"/> Educational and Other Support Services | <input type="checkbox"/> Location of the Alternative Learning Opportunities Program | <input type="checkbox"/> Evaluation |
| <input type="checkbox"/> Organizational Chart/ Staffing Plan | <input type="checkbox"/> Student Admission and Transition | <input type="checkbox"/> Continuance of Services | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Instructional Approaches | <input type="checkbox"/> Student Assessment | <input type="checkbox"/> Parent and Community Support | <input type="checkbox"/> Cooperative and Intergovernmental Agreements |
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Program Calendar | <input type="checkbox"/> Academic Credit | <input type="checkbox"/> Student Success Plan |

PROPOSED CHANGE(S)

Directions: Identify each element that will be changed and provide a description of the proposed change. (Use additional pages if necessary.)

B. EVALUATION OF THE PROGRAM**1. Methodology of Evaluation**

Describe the methods used in conducting an evaluation of the effectiveness of the program for improving the academic performance of the students. (Use additional pages if needed)

2. Student Outcomes

Indicate the percentage of students who attained each of the following outcomes; add other outcomes that were identified in the district's plan. Attach an additional page if space is needed.

INDICATORS USED TO MEASURE STUDENT OUTCOMES**PERCENT OF STUDENTS ATTAINING OUTCOMES**

Completion of Program

Elementary School Graduation

High School Graduation

Passage of General Educational Development Tests

Consistency of Attendance in Program

Participation in Work-based Learning Activities

Continuation of Education

Employment

Effective Transition to Regular School Program

B. EVALUATION OF THE PROGRAM (Continued)

3. Assessment of Achievement Level

Describe the specific procedures used to assess the achievement levels of students enrolled in the program to ensure they are making progress as stipulated in the Student Success Plan. (Use additional pages if needed)

4. Assessment of Achievement Level for Students With Individualized Education Plans

Describe the specific procedures used to assess the achievement levels of students with Individualized Education Plans. (Use additional pages if needed)

C. ACTIVITIES PROPOSED FOR THE CONTINUATION PERIOD

Provide information regarding the activities proposed for the continuation period in light of the evaluation of the preceding year's project, including the identification of each unmet objective and the rationale for its continued inclusion or its deletion from the program. (Use additional pages if needed)

D. SUBCONTRACTS, CONTRACTS, AND COOPERATIVE OR INTERGOVERNMENTAL AGREEMENTS

Provide updated information regarding any subcontracts, contracts, and cooperative or intergovernmental agreements into which the school district has entered to operate the program or provide services, including any changes to the entities involved or in their roles and responsibilities. (Use additional pages if needed)

Date

Original Signature of District Superintendent

FUNDING INFORMATION**ANTICIPATED PROGRAM COSTS AND FUNDS ALLOCATION PLAN**

Directions: Provide a detailed program budget reflecting the costs associated with staff, contractual services, supplies and materials, hardware, classroom and office space, utilities, and other relative expenditures. Identify the source of funds for each budget item.

BUDGET ITEMS	TOTAL COST	SOURCE OF FUNDING

FUNDING NARRATIVE

Directions: In a narrative, not to exceed two pages, provide a plan that outlines how funding for the Alternative Learning Opportunities Program will be coordinated with other state and federal funds to ensure the efficient and effective delivery of the program. Describe the sources of revenue the district will allocate to the program.

ESTIMATED PROGRAM COSTS

Estimate the total cost per student for the program: \$ _____ per student

Estimate any gap between existing revenue available for the program and the cost of the program.

Existing revenue available from all sources: \$ _____

Anticipated cost of program submitted on Attachment 1: \$ _____

Difference between anticipated revenue and program cost: \$ _____