

**Annual Report**  
**Lane County Public Schools**  
**Alternative Education Contract Agencies**  
~~2013~~-~~2014~~  
<sub>2</sub>-<sub>3</sub>

Program/School Name: Child's Way Alternative

Agency Name: Child's Way INC

Agency Contact Person: MICHAEL KERNS

Please provide the following information for all students served in your program(s):

- |   |            |             |             |
|---|------------|-------------|-------------|
| 1. Total ADM as per attendance reports.   | (up to 10) | at present: | <u>4</u>    |
| 2. Number of students who earned a GED  |            |             | <u>0</u>    |
| 3. Number of students who earned an Alternative Certificate                           |            |             | <u>0</u>    |
| 4. Number of students who earned an Oregon diploma with essential skills              |            |             | <u>0</u>    |
| 5. Number of students who earned a modified diploma with essential skills             |            |             | <u>0</u>    |
| 6. Number of students who earned an extended diploma                                  |            |             | <u>0</u>    |
| 7. Number of students who participated in non-paid work experience                    |            |             | <u>2</u>    |
| 8. Number of students who participated in paid work experience.                       |            |             | <u>1</u>    |
| 9. Number of students who have continued in your program once they were admitted.     |            |             | <u>4</u>    |
| 10. Number of students who left your program before completion.                       |            |             | <u>0</u>    |
| 11. Number of students who were asked to leave your program for disciplinary reasons. |            |             | <u>0</u>    |
| 12. Number of students who received Job Training services                             |            |             | <u>1</u>    |
| 13. Average daily enrollment for all students in your program this year               |            |             | <u>6</u>    |
| 14. Teaching staff-to-student ratio.  |            |             | <u>1-10</u> |
| 15. Average # of hours per week a typical student receives academic instruction.      |            |             | <u>30</u>   |
| 16. Number of students completing the Oregon Statewide Assessments.                   | 100%       |             | <u>2</u>    |

Please respond to each of the statements below (OAR 581-022-1350(2)):

Yes No

- The contractor understands that non-compliance with a rule or statute under this rule (ORS581-022-1350) may result in the termination of the contract at any time.
- All students receive adequate instruction in state common curriculum goals and academic content standards to meet state benchmarks and performance standards.
- All required Oregon Statewide Assessments have been administered and results are reported to students, parents and the school district annually.
- Students are receiving a report of academic progress annually. *3 times @ yr*
- The program complies with all rules and statutes applicable to public schools including ORS's regarding criminal background checks (fingerprint based, per ORS 181.539), tuition and fees, discrimination, health and safety statues and rules.
- The program complies with any statute, rule or school district policy that is specified in the contract between the school district board and the private alternative program.
- The program complies with federal law.
- The private alternative education program's annual statement of expenditures is reviewed in accordance with ORS 336.635(2)
- The private alternative education program is in compliance with its contract with the District.

Check which of the following services your program provides:

- High School Diploma
- GED Preparation
- GED Testing
- Programs for Middle School Students
- Teen Parent & Life Skills
- Free/Reduced Breakfast & Lunch Program
- Counseling Services
- Drug/Alcohol Counseling
- Paid Work Experience
- Non-Paid Work Experience
- Regular Access to Technology (computers, internet, etc)
- Work-Based Activities (i.e. job shadows, etc)
- Skill Building Groups
- Transportation  Program owned vehicles  LTD  Other (please describe)

*South Lane School Dist. Provides*

**District Specific Information**

Please complete the following for *each district* your agency contracts with:

Column 1: Number of District students who participated in your program for the school year.

Column 2: Total number of credits earned by District students in your program

Column 3: Average number of credits earned by a District student in your program this year.

Column 4: Number of District **IEP** students you have served this year

*Credits are trimester*

District	Total Students (#1)	Total Credits (#2)	Average Credits (#3)	IEP Students (#4)
South Lane	4	18-21eyr	18-21yr	3

Name of person completing this report: Michael Kerns

Signature:  Date: 4-15-13, 2013

Signature of Agency Director: \_\_\_\_\_ Date: \_\_\_\_\_, 2013