

Record of Alternate Program

Student Name:		Starting Date of Program:
Name of Program:	Program Developer(s):	Projected: Duration (how long) _____ Frequency (how often) _____
Type of Alternate Program (x): <input type="checkbox"/> Prerequisite program <input type="checkbox"/> Non-curricular program		Accommodations Required (x): <input type="checkbox"/> Yes <input type="checkbox"/> No
Rationale:		

General Learning Outcome:			
Specific Learning Outcomes:	Personnel Responsible:	Setting(s):	Progress Notes: (Please date each entry)

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Summary of:

Instructional Strategies:

Assessment and Evaluation Strategies:

Learning Resources:

If the alternate program is to be delivered in a setting outside of the student's classroom, complete the following table.

Subject(s) and amount of time the student will miss:
Plan to address material missed:
Plan for regular review of the student's placement outside of the regular classroom:

The completed program becomes part of the student's IEP and is placed in the cumulative file. A copy will be maintained by the teacher(s) as a working document.