**Alternative Program Designation Application (School Year 2024-25)**

**Released: Sept. 1, 2023**

Effective June 14, 2019, a new chapter titled “Alternative Program” was added to Subtitle A “Office of the State Superintendent of Education” of Title 5 “Education” in the District of Columbia Municipal Regulations. This chapter sets forth the eligibility criteria for a school or specialized program within a school to be designated as an alternative education program and establishes the application process.

**Process**

A local education agency (LEA) requesting an alternative program designation for a school or program within a school must complete the below information, on behalf of schools or specialized programs within a school under their jurisdiction, and must follow the submission details outlined in order to be considered for alternative program designation.

1. LEAs must complete the Alternative Program Designation Application provided by OSSE.
2. LEAs must submit the completed application to Dr. Antoinette Mitchell, assistant superintendent of Postsecondary and Career Education with a copy to Dr. Chimere Jones, director of Policy and Planning, and Ryan Aurori, director of Budget and Finance (see below for contact information).
3. After the LEA, on behalf of schools or specialized programs within a school under their jurisdiction, submits an application to OSSE, that application must be approved in order to be eligible for alternative program designation.
4. Applications may be submitted via email or mail using the following contact information:

**Contact Information**

Via Email

If emailing a completed application, the email must be sent to the following individuals: [Antoinette.Mitchell@dc.gov](mailto:Antoinette.Mitchell@dc.gov), Chimere.Jones@dc.gov, and [Ryan.Aurori@dc.gov](mailto:Ryan.Aurori@dc.gov).

Via Mail:

If mailing a completed application, copies must be sent to all of the below individuals:

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| Dr. Antoinette Mitchell  Office of the State Superintendent of Education  1050 First St. NE  Fifth Floor  Washington, DC 20002 | Ryan Aurori  Office of the State Superintendent of Education  1050 First St. NE  Third Floor  Washington, DC 20002 |
| Dr. Chimere Jones Office of the State Superintendent of Education 1050 First St. NE, Fifth Floor Washington, DC  20002 |  |

For a school, or a specialized program within a school, that does not have a prior alternative program designation or that is applying for this designation for the first time, the designation shall take effect for the 2024-25 school year.

For a school, or specialized program within a school, with a prior alternative program designation, the prior designation shall remain for the 2023-24 school year and the new designation shall take effect for the 2024-25 school year.

**Timeline**

For the 2024-25 school year application cycle, LEAs have 30 calendar days in which to submit their completed application once the application is released by OSSE.

Following the application deadline, OSSE has 30 calendar days to review the application and do one of the following:

* Determine that the information contained in the application is sufficient to approve alternative program designation;
* Determine that the information contained in the application is sufficient to deny alternative program designation; or
* Request an additional two-week window to collect additional information from an LEA including but not limited to, data verification of student population, verification of student full-time enrollment status, and additional documentation of programmatic approach.

OSSE will notify LEAs in writing regarding the status of their request for alternative program designation.

**Alternative Program Designation Application**

**Release Date: Sept. 1, 2023**

**Application Due Date: by 5 p.m. on Monday, Oct. 2, 2023**

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| **LEA Information** | | | | | | | | | | | | | | |
| Name of local education agency (LEA) applying for alternative program designation: | | | | | | | | | | | |
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| First Name of LEA POC: | | | | | | | | Last Name of LEA POC: | | | |
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| Email Address: | | | | | | | | Phone Number: | | | |
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| **School or Program Information** | | | | | | | | | | | | | | |
| Name of school in which LEA is applying for alternative program designation: | | | | | | | | | | | |
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| Please mark type: | | |  | School | *or* |  | Program within a school | | | |  |
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| *If a Program within a school*, please provide the General Education funding weight that will apply to students outside of the alternative program designation (i.e. grade-level, adult): | | | | | | | | | | | |
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| First Name of School POC: | | | | | | | | Last Name of School POC: | | | |
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| Email Address: | | | | | | | | Phone Number: | | | |
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| Estimated number of students *between ages 13 and 24* years old to be served in the 2024-25 school year: | | | | | | | | Estimated number of students *younger than age 13 and older than age 24 years old* to be served in the 2024-25 school year: | | | |
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| **School or Program Mission** | | | | | | | | | |
| Provide an overview of the mission of the school or program within a school in which alternative program designation is being requested and describe how the mission demonstrates a focus on providing alternative education: | | | | | | | |
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| **School or Program Programmatic Approach** | | | | | | | | | |
| Provide an overview of the programmatic approach of the school or program, specifying how the school’s academic and non-academic supports target students meeting the criteria described in Section 7502.e of Chapter 75, “Alternative Program”: | | | | | | | |
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| In signing the below, I am attesting to following:   * Students younger than age 13 and older than age 24 will not be funded with the alternative program designation and will be funded using either the grade-level funding rate or the adult funding rate. * Students for which my school is receiving alternative program designation are enrolled full-time in an academic track that culminates in a first-time secondary credential. * I am authorized to submit and sign this application on behalf of the LEA requesting alternative program designation. | | | | | | | |
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| Signature of LEA Official: | | | Date: | | | | |
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| Printed name of LEA Official: | |  | | | | | |
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