Please complete this form and mail or fax signed form to:
Massachusetts Department of Elementary and Secondary Education
Attn: Jenny Curtin
75 Pleasant Street
Malden, MA 02180
or
FAX: 781-338-3090

Questions? Please contact Jenny Curtin at jcurtin@doe.mass.edu or 781-338-6839.

► Does this program only serve students eligible for Special Education services? If yes, please do not complete this form.

All Alternative Education programs must be affiliated with a district and a school:
District code: District name:
School code(s): School name(s):

Alternative Education program or school name:

Program coordinator/director name:
Program coordinator/director email address:
Phone number: FAX number:
Website:
Mailing address:

Grade levels served (check all that apply):
☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Maximum age of students permitted in this Alternative Education program/school:

Capacity for the program/school (maximum number of students that can be served at one time):
Is a waiting list available for this program/school? □ yes □ no

Eligibility criteria (check all that apply):
□ Expelled □ Frequent truancy □ Involved with DSS □ Involved with DYS
□ Pregnant □ Parenting □ Poor academic record
□ Returned dropout – formerly out of school □ Suspended
□ Other – please describe:

How are students enrolled in the program/school? (check all that apply):
□ Outside service provider referral □ Parent/family referral
□ Required by school policy □ Self-referral □ Teacher or staff referral
□ Other – please describe:

What are the main components of the program/school? Please check all that apply.
□ Academic remediation or tutoring □ Behavior management training
□ Community college participation □ Community Service-Learning
□ Conflict resolution training □ Core academic classes □ Crisis intervention
□ Drug/substance abuse prevention training □ Elective classes
□ In-house counseling □ Life skills training □ Parent/family involvement
□ Peer mediation □ Referrals to external counseling
□ School-based work and learning □ Social skills training
□ Services provided through a partnership with a community-based organization
□ Technology-based instruction □ Work participation – not school-based
□ Other – please describe:

When does the Alternative Education program/school operate? Please check all that apply.
□ Before school □ Regular school hours □ After school – afternoon
□ After school – evening □ Weekend □ Summer
□ Other – please describe:

Name of person completing form:
Title of person completing form:
Phone: Email:

Signature of Alternative Education Contact (Coordinator/Director):

Signature of SIMS Contact:

Printed Name of Alternative Education Contact:

Printed Name of SIMS Contact: