



Linda McCulloch, Superintendent
 Montana Office of Public Instruction
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 Helena, Montana 59620-2501
 www.opi.state.mt.us

Attn: Karen Crogan

**Distance, Online, and Technology Delivered
 Learning Programs
 Annual Provider Registration (per ARM 10.55.907)**

The Administrative Rules of Montana, Standards of Accreditation, Rule 10.55.907 requires providers of Distance Online Technology Delivered Learning Programs to Montana school districts to register annually with the Office of Public Instruction (OPI) and provide information concerning the course(s) offered and the qualifications of each instructor.

Information collected through the registration process will be available on the Office of Public Instruction Web site.

A. General Information

Provider Name _____

Address _____

Telephone _____

Fax _____

E-Mail _____

Contact Person _____

Web Address _____

Is the business/institution an approved provider of supplemental services for the Title I program in Montana?
 Yes No

Is the business/institution an approved provider of supplemental services for the Title I program in other states?
 Yes No

If yes, please specify the state(s): _____

How many years has the business/institution been providing distance, online and technology delivered learning?

B. Service Specific Information

B. 1. Recipient Districts (copy and repeat section as needed for each course provided)

Indicate the school district(s) to which the business/institution is providing distance, online, and technology delivered learning programs:

School District Name:

City:

County:

School Code (SC): _____ Legal Entity (LE): _____

B. 2. Instructor: Qualifications and Courses Offered (copy and repeat section as needed to enter each instructor)		
Instructor Name	Endorsement(s)	Course(s) Taught
State		
Folio No.		
Other (Enter qualifications of instructors who are not licensed as public school educators.) (add attachments as needed to provide the information required)		(add attachments as needed to provide the information required)

B. 3. Course Offerings Detailed (copy and repeat as needed to enter each course offered within the state)

Course Description

(add attachments as needed to provide the information required)

Content Abstract/Synopsis

(add attachments as needed to provide the information required)

Instructor(s) (Specify instructor name exactly as it is entered in section B.2.)

(add attachments as needed to provide the information required)

Is the curriculum aligned with the Montana Content and Performance Standards? Yes No

If yes, briefly explain the alignment process (direct alignment to the Montana standards, alignment to the national standards correlated to the Montana standards, etc.)

(add attachments as needed to provide the information required)

How is this course evaluated to ensure quality?

(add attachments as needed to provide the information required)

Delivery Model (synchronous, asynchronous, Internet based, videoconferencing based, etc.)

(add attachments as needed to provide the information required)

Homework Assignments (detail expectations and process) (add attachments as needed to provide the information required)	Timeline (specify expectations of hours per day/semester/etc.) (add attachments as needed to provide the information required)
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What methods of student contact are utilized?

<input type="checkbox"/> Interactive Videoconferencing	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized
<input type="checkbox"/> E-mail	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized
<input type="checkbox"/> Face-to-Face Meetings	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized
<input type="checkbox"/> Video	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized
<input type="checkbox"/> Chat rooms	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized
<input type="checkbox"/> Telephone	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized
<input type="checkbox"/> Snail mail	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized
<input type="checkbox"/> Instant Messaging	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized
<input type="checkbox"/> Other: (specify) _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized

How is student interaction monitored and assessed to ensure quality and effectiveness?

(add attachments as needed to provide the information required)