

**AdvancED / NLSA Annual Report**

Please upload this report and supporting evidence into your shared Google folder by April 15th. Should you have any questions please reach out to PSD Accreditation Commissioner Kristie Flohra psdaccreditation@psd-lcms.org.

**School Name:**

**School Address:**

**LCMS District**:

**Principal:**

**Date of Most Recent AdvancED External Review:**

**Accreditation Year:** Preliminary Year 1 Year 2 Year 3 Year 4 Year 5

You are only required to comment on your assigned Improvement Priorities. Any additional actions goals developed do not need to be reported to your district office.

**Improvement Priority #1:** (please respond here)

**Please describe any action taken to satisfy the requirements of this Improvement Priority**.

(please respond here)

**Improvement Priority #2:** (please respond here)

**Please describe any action taken to satisfy the requirements of this Improvement Priority.**

(please respond here)

Response to additional Improvement Priorities should follow the same format.

The information share on this report is accurate to the best of my knowledge.

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Principal’s Signature Date