**National Lutheran School Accreditation**

Cumulative Annual Report

*Revised February 2019*

**<INSERT SCHOOL NAME>**

<INSERT CITY, STATE>

**PART I: SCHOOL INFORMATION**

School Name:

Address:

City / State / ZIP:

School Administrator Name:

School Administrator Phone Number:

School Administrator Email Address:

LCMS District:

Co-Accredited By (*If Applicable*):

|  |  |  |
| --- | --- | --- |
|  |  | WASC |
|  |  | AdvancED |

Date of Most Recent NLSA Site Visit:

Report is for Year (*Indicate One*):

|  |  |  |
| --- | --- | --- |
|  |  | Year One |
|  |  | Year Two |
|  |  | Year Three |
|  |  | Year Four |
|  |  | Year Five (WASC Only) |

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Governing Authority Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*This report is due in the PSD district office no later than April 15. The District Accreditation Committee will review by June 15 and submit any findings to the National Accreditation Commission in July.*

**PART II: RECOMMENDATION REPORT
FOR INDICATORS:**

* List Any **Major Deficiencies/Critical Areas for Follow-up** First
* List all Recommendations Made by the Visiting Team and **Target School Year** to be Addressed
* List and Date **Actions Taken** During this School Year as well as **Actions Taken** in Previous Years of Accreditation Cycle
* Add an additional table to address your School Improvement Plan/On-going Improvement Plan.
* Be sure to clearly label and upload all evidence into your school’s shared Google accreditation file.

*NOTE: To add lines to the table for more concerns and recommendations, put the cursor in the bottom right field and type the “tab” key.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Standard****and****Indicator Number** | **Validation Team Concern and Recommendation** | **Target****School****Year** | **School****Year****Addressed** | **Action Taken** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |