**Annual Report Form**

**Submission Date (MM/DD/YYYY):** School Name: Address: City/State/Zip/Country: Phone:

Head of School/Director: Number of years at the school:

Head of School/Director E-mail: Person Responsible for Accreditation if other than Head of School listed above: Job Title: Contact E-mail:

# Accreditation Schedule (Give month and year)

* 1. Current term (MM/DD/YYYY–MM/DD/YYYY): – Projected renewal date of accreditation:
	2. Grades currently accredited: EE levels accredited:
	3. If jointly accredited, with whom?
	4. If not jointly accredited, do you plan to pursue joint accreditation?  No  Yes, with whom?
1. **Current School Information** Please complete the following for this school year. (If your school is K–12 and only the elementary or secondary school is accredited, the information given should be only for the accredited grades in your school.)
	1. Current Enrollment (as of October 1):

Last year:

Grades served:

* 1. Total number of board members: New board members this year:
	2. Do you offer online courses at your school? Yes \_\_\_ No \_\_\_\_
	Estimated percentage of middle school and/or high school credits earned online (if applicable): \_\_\_\_\_\_\_\_\_ (Calculate the total number of credits earned online as a percentage of the total credits earned in the divisions that offered online courses last year. Only calculate this on HS courses if HS is the only level that offered online courses.)
	3. List any grade levels that are 50% or more online:

# School Staffing

Attach the *School Certification Spreadsheet* for K–12 schools or a school-based professional development verification update (for those in the SPD program). EE programs attach the *EE Staffing Report* and the *EE Yearly Staff Profile.*

1. **Finances** An annual Statement of Financial Practice is a requirement for maintaining your accreditation. It cannot be waived or exempted, and a statement of “intent” does NOT meet this requirement. The financial report is for the prior fiscal year (i.e. your annual report for the 2016/2017 program year should have the financial review for the 2015/2016 fiscal year). Please attach the statement of financial practices to this report. If a review or audit is conducted, then verification can be submitted in lieu of this document with the annual report.

# Visiting Team Members

Accredited schools are responsible for supplying at least one faculty member each school year to serve on an accreditation team visit. Please give us the name and email address for at least one member of your school you feel would make an effective accreditation team member.

Name: E-mail:

Position:

Name: E-mail:

Position:

Name: E-mail:

Position:

# Major Recommendations Progress Report

List each major recommendation from your last team visit in a separate box. The same form will be used for each year of your accreditation term. Add a date for each entry and an appropriate status code (see sample below). The first year a recommendation is marked “Complete,” please supply details to explain how that was accomplished.

If you have fewer than 6 Major Recommendations, simply delete the extra tables. If you have more than 6 Major Recommendations, simply copy the blank tables as needed.

Have you updated your Continuous School Improvement Plan (CSIP) this fall? 🞎 yes 🞎 no (Only submit the entire CSIP in regions where it is required by the partner accrediting association. Your Accreditation Manager will let you know if this is required in your region.)

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| **Major Recommendation/Goal #S:** | Develop an annual schedule for board training, both novice and seasoned members, to include content on a philosophy of Christian Education, and application of the content in a systematic manner to maintain the health, vitality and orientation of the school’s governance body. |
| **Standard/Indicator (from team rpt):** | **Standard 2.0; Indicator 2.3 and 2.4** |
| **School Progress and responses** Status Code: NA (not addressed yet); IP (still in progress); C (completed) |
| **Term Year** | **Status:** | **Date****(ex: fall 2010)** | **Describe how the recommendation is being addressed and/or the improvement outcome.** |
| **YEAR 1** | NA | Fall 2009 | No action |
| **YEAR 2** | IP | Summer 2010 | * Regional schools were surveyed for their board training schedules and training content;
* ACSI was contacted to provide initial board training for the board in the fall of 2010;
* a schedule is being developed for implementation in the year 2011
 |
| **YEAR 3** | IP | Fall 2011 | *(Or write a brief summary)* The board was initially trained last fall. Since then we developed a master schedule for training which includes a twice yearly refresher in the functions of a school board.We’ve also added a board retreat for each summer following the addition of newly elected board members. |
| **YEAR 4** | C | Spring 2013 | * The board now functions from a scheduled system for board training
* ACSI provides one training for all new board members annually
* A retreat for training and strategic planning is now integrated into the board calendar
* Additional training resources are being investigated by the administration and board chair
 |
| **YEAR 5** | C |  | No action |

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| **Major Recommendation/Goal #1:** |  |
| **Standard/Indicator (from team rpt):** |  |
| **School Progress and responses** Status Code: NA (not addressed yet); IP (still in progress); C (completed) |
| **Term Year** | **Status:** | **Date****(ex: fall 2010)** |  |
| **YEAR 1** |  |  |  |
| **YEAR 2** |  |  |  |
| **YEAR 3** |  |  |  |
| **YEAR 4** |  |  |  |
| **YEAR 5** |  |  |  |

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| **Major Recommendation/Goal #2:** |  |
| **Standard/Indicator (from team rpt):** |  |
| **School Progress and responses** Status Code: NA (not addressed yet); IP (still in progress); C (completed) |
| **Term Year** | **Status:** | **Date****(ex: fall 2010)** |  |
| **YEAR 1** |  |  |  |
| **YEAR 2** |  |  |  |
| **YEAR 3** |  |  |  |
| **YEAR 4** |  |  |  |
| **YEAR 5** |  |  |  |

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| **Major Recommendation/Goal #3:** |  |
| **Standard/Indicator (from team rpt):** |  |
| **School Progress and responses** Status Code: NA (not addressed yet); IP (still in progress); C (completed) |
| **Term Year** | **Status:** | **Date****(ex: fall 2010)** |  |
| **YEAR 1** |  |  |  |
| **YEAR 2** |  |  |  |
| **YEAR 3** |  |  |  |
| **YEAR 4** |  |  |  |
| **YEAR 5** |  |  |  |

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| **Major Recommendation/Goal #4:** |  |
| **Standard/Indicator (from team rpt):** |  |
| **School Progress and responses** Status Code: NA (not addressed yet); IP (still in progress); C (completed) |
| **Term Year** | **Status:** | **Date****(ex: fall 2010)** |  |
| **YEAR 1** |  |  |  |
| **YEAR 2** |  |  |  |
| **YEAR 3** |  |  |  |
| **YEAR 4** |  |  |  |
| **YEAR 5** |  |  |  |

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| **Major Recommendation/Goal #5:** |  |
| **Standard/Indicator (from team rpt):** |  |
| **School Progress and responses** Status Code: NA (not addressed yet); IP (still in progress); C (completed) |
| **Term Year** | **Status:** | **Date****(ex: fall 2010)** |  |
| **YEAR 1** |  |  |  |
| **YEAR 2** |  |  |  |
| **YEAR 3** |  |  |  |
| **YEAR 4** |  |  |  |
| **YEAR 5** |  |  |  |

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| **Major Recommendation/Goal #6:** |  |
| **Standard/Indicator (from team rpt):** |  |
| **School Progress and responses** Status Code: NA (not addressed yet); IP (still in progress); C (completed) |
| **Term Year** | **Status:** | **Date****(ex: fall 2010)** |  |
| **YEAR 1** |  |  |  |
| **YEAR 2** |  |  |  |
| **YEAR 3** |  |  |  |
| **YEAR 4** |  |  |  |
| **YEAR 5** |  |  |  |

# Changes, Initiatives, Programs

Describe any changes, initiatives, and /or new programs/projects that may result in substantive changes to your school.

Please note:

Dually accredited schools should contact the ACSI Regional Office in order to learn and follow the process for their regional accrediting body since the timeframes and processes differ.

ACSI-only schools should follow the process outlined below based on the type of change.

1. The following items require a *Substantive Change Notification Form* to be submitted to the Regional Office and may require a follow-up visit.
2. Change in the school name
3. Change in legal status (e.g., nonprofit to for profit, bankruptcy, church sponsored to independent, etc.)
4. Change of location or adding a location that is under the accreditation status
5. The merger of two schools, whether only one or both are currently accredited
6. Addition of a new school division that is not yet accredited (e.g., High School) or a grade that opens up a new division (e.g. grade 9)
7. Change of curricular identity (e.g. International Baccalaureate, Classical, ACE, etc.)
8. Change or significant addition(s) to program delivery (e.g., percentage of online courses)
9. Any change that impacts the meeting of a condition of eligibility, an accreditation standard, or a critical indicator
10. When a substantive change report is required by a partner agency and ACSI is the lead agency, a report will be completed and submitted to ACSI and the partner agency
11. The following items do not require a separate form; however, they must be reported on the *Annual Report*:
12. Change of school administrator
13. Adding a grade level to an existing division (Ex. adding grade 8 when grades 6-7 are accredited)
14. Adding online, credit recovery courses that stays below the threshold

# 8. Report Verification

School Chief Administrator or Early Education Director

 / (print) (signature)

(If submitting electronically, include your e-mail address here instead of signature.)

Board Chairperson

 / (print) (signature)

(If submitting electronically, include your e-mail address here instead of signature.)

Date completed

Date received in regional office

## Please send the complete report to the appropriate ACSI regional office.

**A late fee may be assessed if the annual report is not submitted by the due date.**

In order to help us update our files, please supply the following contacts so that information can go directly to the people who need it:

*Certification Coordinator:*

Name: E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*International Student Program Coordinator (if applicable):*

Name: E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Online Classes Coordinator (if applicable)*

Name: E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you!**