

Accreditation Recommendation Ballot



This ballot is a CONFIDENTIAL recommendation to the appropriate accrediting commission of ACSI and applicable regional accrediting agency. Please attach a supplementary sheet if there is any significant unresolved minority opinion on your team.

Date of School Visit: _____ Date Ballot Completed: _____

Name of School Visited: _____ Grades Accredited: _____

Address of School: _____

District/System (List Name if Applicable): _____

NOTE: The Commission reserves the right to grant terms of accreditation other than those below, including a recommendation for a full self-study at any time. Such action will follow a commission review of the *Visiting Team Report*. In the event of a formal appeal, this document may be provided to the head of school.

Please indicate the visiting team's CONFIDENTIAL recommendation for accreditation to the Regional or International Accreditation Commission. **The Commission will make the final determination.**

Accreditation for a full term.

Accreditation for a full term with a:

Progress Report

Mid-Term Visit

Please comment on the suggested purpose and timing of the progress report/mid-term visit.

Modification of the term by duration, conditions, or status. Please explain in the box below.

Deferment of accreditation based on conditions noted in the *Visiting Team Report* (only to be used for an **initial** accreditation visit). (A justification/summary of deficiencies that necessitates this recommendation should accompany this recommendation.)

Denial of accreditation based on conditions noted in the *Visiting Team Report*. (A justification/summary of deficiencies that necessitates this recommendation should accompany this recommendation.)

Team Chair

Team Member

Team Member

Team Member

Team Member

Team Member

Team Member

Team Member