Verification for Team Visit Readiness Checklist



This checklist should be filled out by the Team Chair eight weeks prior to a team visit and turn	ned into the appropriate Regional office.
School Name: City/Sta	te:
Chair name: Country	<i>y</i> :
All previous Major Recommendations have been met and are at the compliance level or h Comments:	higher: Yes No
2. Evidence has been seen to substantiate that the following indicators are at the compliance Yes No 2.11 – compliance with applicable local, state and federal laws Yes No 3.7 – nondiscrimination statement published and evident Yes No 4.3 – appropriate screening and background checks for all personnel Yes No 6.1 – comprehensive written security and crisis management plan Yes No 6.7 – policies for child safety and staff conduct; training in reporting to the security and crisis management plan Yes No 6.10 – legal standards for fire protection, sanitation, and transportation comments:	l responsibilities
3. Administrator (100%) and teacher (80%) certification requirements will be met by the visi Comments:	it dates. Yes No
 4. No more than 10% of Critical Indicators are below compliance level. Yes No 5. Additional indicators that need attention prior to the team visit: 	
6. Other factors that need attention prior to the team visit:	
Additional Comments (include the school's overall level of preparation for the visit with item	ns such as logistics, schedule, etc.):
Chair Signature: Date: Print Chair Name:	_