

**Exemplary Schools Annual Report Form**

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

Address(es) of additional accredited campuses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of School/Director: Is this a new HOS since last Annual Report? [ ]  Yes [ ]  No

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 accreditation renewal date (Semester, Year):\_\_\_\_\_\_\_\_
	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.)
	1. Current Enrollment (as of Oct 1):\_\_\_\_\_\_\_\_\_ Enrollment last year: \_\_\_\_\_\_\_\_ Grades Served:\_\_\_\_\_\_\_\_\_
	2. Total number of board members: Number of new board members this year:
	3. Total number of faculty: \_\_\_\_\_\_\_\_
	4. Do you offer online courses at your school? (Do not include online courses that are in temporary use due to Covid): 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. For example, if 15 total online credits are granted, and the school grants a total of 100 credits, that would be 15% of credits earned online. Only calculate this on HS courses if HS is the only level that offered online courses.)

* + - List any grade levels that are 50% or more online:
	1. Does your school offer any of the following programs?
		+ Hybrid (students spend 2-3 days on campus and the rest at home – Not including temporary changes due to Covid): Yes [ ]  No [ ]
		+ International Student Program: Yes [ ]  No [ ]  If yes, total number of International Students: \_\_\_\_
		+ Boarding or Homestay Program: Yes [ ]  No [ ]  If yes, total number of Boarding/Homestay Students: \_\_\_\_

# Faculty and Administration Credentials

* 1. **Provide evidence of continued compliance with Exemplary Critical Factor 6B (K-12).**

The school has two options for meeting compliance with Exemplary Critical Factor 6B. 1) Document the ongoing professional development of K-12 staff by attaching a chart/spreadsheet listing each staff member and their participation in PD for the year. General categories are sufficient.
2) The other option is to use the ACSI faculty/administrator certification system with its requirement that 80% of the faculty are ACSI certified.

* 1. **EE programs attach the *EE Yearly Staff Profile.***
1. **Finances** Submit verification of the annual Financial Review (for schools with budgets < $3 Million) or Financial Audit (for schools with budgets > $3 Million).
2. **Critical Factors Compliance**

Have there been any substantive changes to any of the Exemplary Accreditation Critical Factors in the past year? If so, please explain or attach the reason(s) for any Critical Factor(s) or indicator rating that has changed to partial or non-compliant:

# Visiting Team Members (please provide at least 1 administrator and 1 teacher)

Accredited schools are responsible for supplying at least one administrator and one faculty member each school year to volunteer to serve on our many peer-to-peer accreditation team visits. Please give us the name, position, and email address of Christian educators from your school you feel would make an effective accreditation team member. Team members are invited based on needs and location of individual schools. Inclusion on this form does not guarantee you will be contacted to serve on a team. Please have the listed nominees complete the [Team Member Application](https://acsi.formstack.com/forms/acsi_accreditation_team_member_application) **if they have not previously submitted the application to the divisional office.**

Name/Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Continuous School Improvement Plan (CSIP) Update:**
	1. 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.)

* 1. Please describe the process of updating the CSIP (personnel involved in updating the CSIP, action items completed, new goals created as a result of completed action items, etc.):
1. **Transfer of Records**

REACH Indicator 3.11 states: “The school has a written plan in place for the transfer of student records to an appropriate accredited school, association, or local school district in the event of closure.” Please provide the name, location (city, state), and contact information (contact person, phone and/or email) of the institution or organization that will house your school’s records in the event of closure.

Institution/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone and/or Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Response Recommendations Progress Report

List each Major Recommendation from both the REACH and Exemplary reports from your last team visit in a separate box. If your Exemplary report contained both major recommendations and regular recommendations, you only need to report on the majors. (If no majors were identified, just focus on the most important recommendations.) The same form will be used for each year of your accreditation term, so it is recommended that you keep an electronic copy containing your responses. This will allow you to use the same report, simply adding new information each year. 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.

Copy/Paste the table as you need additional pages and note whether the recommendation is an Exemplary or REACH recommendation. Delete extra pages if there are too many.

|  |  |
| --- | --- |
| **REACH/Exemplary** **Major Recommendation #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 is the recommendation being addressed and/or the improvement outcome?** |
| **YEAR 1** | IP | Fall 2009 | * Other Christian schools within our region were surveyed for their board training schedules and training content
* Head of school and Board chairperson researched best practices for boards of non-profit organizations
 |
| **YEAR 2** | IP | Summer 2010 | * 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 courses (which would include online credit recovery courses) that stay below the threshold

# Report Verification

School Chief Administrator

 Print Name Signature

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

Board Chairperson

 Print Name Signature

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

**Please supply the current contacts for the following so that information can go directly to the people who need it:**

*EE Director (if applicable):*

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

*Certification Coordinator (if applicable):*

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

*International Student Program Coordinator (if applicable):*

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

*Online Classes Coordinator (if applicable)*

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

Date completed:   Date received in divisional office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send the complete report to the appropriate ACSI divisional accreditation team. A late fee may be assessed if the annual report is not submitted by the due date. Thank you!**