**Annual Report Form**

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

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: \_\_\_\_

# Additional Campuses If your schools has multiple campuses accredited by ACSI, please list them below:

# Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grades Accredited:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grades Accredited:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grades Accredited:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grades Accredited:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Faculty and Administration Credentials Most schools will complete the *School Certification Spreadsheet*. Mark here if you have applied with the Office of Academic Services and received approval for a School-based Professional Development Plan [ ] .

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 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 *Statement of Financial Practice* is for the prior fiscal year (i.e., your annual report for the 2021/2022 program year should reflect the 2020/2021 fiscal year). Please attach the *Statement of Financial Practice* to this report. If a financial review or audit is conducted with final report in hand by the due date of the annual report, then verification can be submitted in lieu of the *Statement of Financial Practice* with the annual report.

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

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 Director 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, adjusted goals based on new data, new goals created as a result of completed action items, etc.):
1. **Transfer of Records**

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 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, 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). **Please provide an update of progress on each Major Recommendation each year.** 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.

|  |  |
| --- | --- |
| **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** | 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 |

|  |  |
| --- | --- |
| **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** |  |  |  |

|  |  |
| --- | --- |
| **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** |  |  |  |

|  |  |
| --- | --- |
| **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

# Report Verification

*School Chief Administrator or Early Education Director:*

 Print Name Signature

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

*Board Chairperson:*

 Print Name Signature

(If submitting electronically, include your e-mail address 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:*

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!