

ACSI Regional Office: _____
Name of School: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Administrator: _____ Years at school: _____
ACSI Consultant assigned to school: _____

Accreditation Information

Date candidacy granted (month/year): _____ Grades to be accredited: _____
Projected date of visit (month/year): _____
If joint accreditation, with whom? _____ Grades to be accredited: _____
Student enrollment for the grades that will be accredited: (as of October 1) Last year: _____ Current year: _____

Faculty Information

Full-time faculty last year: _____ Current year: _____
Total part-time faculty (any teacher who has a contract of less than 75% of full-time is considered part-time) (current year): _____
New faculty (current year): _____
Do all full-time and part-time faculty have a minimum of an earned bachelor's degree? YES NO

School Board Information

Total number of board members Current year: _____ New board members this year: _____

Curriculum Guides/Scope and Sequence

Are the written curriculum guides/scope and sequence substantively current and up-to-date? YES NO

Comment on progress being made on completing curriculum guides and scope and sequence.

Financial Audit/Review/Statement of Financial Practices

Did your school have a financial audit/review OR complete the Statement of Financial Practices? YES NO

In a year that a review or audit is not completed, the person responsible for the school's finances must complete this report. If a review or audit is conducted, then verification can be submitted in lieu of this document with the annual report.

ACSI/State Certification and Administrator/Faculty Degrees (for K-12 only)

Complete the *ACSI School Certification Spreadsheet* and attach it to this report. Please note that this report includes all administrators and teachers, their degrees, and status of ACSI OR state certification.

- A. All full and part-time faculty must have an earned bachelor's degree.
- B. Eighty percent of FTE faculty must hold a valid ACSI OR state teaching certificate at the time of the visit.
- C. All administrators must hold a valid ACSI OR state administrative certificate (Temporary level or higher) at the time of the visit.

School Improvement Plan/Strategic Plan

Is the *Continuous School Improvement Plan* substantively current and being revised as needed? YES NO

Comment on progress being made on the school's improvement plan.

Comments Regarding Changes/Schedule of Visit

Indicate any major changes in the school which may affect accreditation status and/or proposed schedule.

Additional Requirements

Has the school completed accreditation training? YES Date completed: _____ NO

Target date for ACSI accreditation visit: _____

Required Signatures/Dates

Chief School Administrator Signature

Date

(If submitting electronically type name and email address of appropriate person.)

NOTE: Submit this report to the appropriate regional office. A late fee may be assessed if sent after the specified due date.