**National Lutheran School Accreditation**

Cumulative Annual Report

*Revised September 2017*

**<INSERT SCHOOL NAME>**

<INSERT CITY, STATE>

**PART I: SCHOOL INFORMATION**

School Name:

Address:

City / State / ZIP:

School Administrator Name:

School Administrator Phone Number:

School Administrator Email Address:

LCMS District:

Co-Accredited By (*If Applicable*):

|  |  |  |
| --- | --- | --- |
|  |  | AdvancED |
|  |  | WASC |
|  |  | Middle States |
|  |  | CCLE |

Date of Most Recent NLSA Site Visit:

Report is for Year (*Indicate One*):

|  |  |  |
| --- | --- | --- |
|  |  | Year One |
|  |  | Year Two |
|  |  | Year Three |
|  |  | Year Four |
|  |  | Year Five |

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Governing Authority Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*This report is due in your district office no later than May 15. The District Accreditation Committee will review by June 15 and submit any findings to the National Accreditation Commission in July.*

**PART II: RECOMMENDATION REPORT
FOR INDICATORS:**

* List Any **Major Deficiencies** First
* List all Recommendations Made by the Validation Team and **Target School Year** to be Addressed
* List and Date **Actions Taken** During this School Year as well as **Actions Taken** in Previous Years of Accreditation Cycle

*NOTE: To add lines to the table for more concerns and recommendations, put the cursor in the bottom right field and type the “tab” key.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Standard****and****Indicator Number** | **Validation Team Concern and Recommendation** | **Target****School****Year** | **School****Year****Addressed** | **Action Taken** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |