

NATIONAL LUTHERAN SCHOOL ACCREDITATION FACE SHEET

This form is to be used for every report that the national or district office receives from either the school or the visiting team. (Revised for 2014)

Accreditation Type: Standards Ongoing Evidence Based Early Childhood
 Based Improvement

Date of Report: _____

Please check type of report: the number of reports that should be sent to national office does not include the number that is required by the district.

_____ Annual Report for School Year _____ (copy to District Office only)

_____ Self-Study (1 hard copy, CD, or email report to National Office; 1 copy to District Office)

_____ Site Visit Report (Schools should submit two paper copies of the Visiting Team Report to the District Office by May 15.)

LCMS District: _____

NLSA accreditation is dual with or reciprocal to _____

School Information:

Name: _____

Address: _____

City, State, Zip: _____

Administrator Contact Information:

Name _____

Phone: Home: _____ Office: _____

Cell: _____

E-Mail: _____

Name of person preparing report: _____

Position of person preparing report: _____

Preferred Contact Information of person preparing report: _____

For On-Site Visit Reports include:

Name of Consultant _____

Phone: (H) _____ (O) _____ (C) _____

Name of Captain _____

Phone: (H) _____ (O) _____ (C) _____