

**NATIONAL LUTHERAN SCHOOL ACCREDITATION
FACE SHEET**

This form is to be used for every report that the national office receives from either the school or the visiting team.
Copies to District Offices should be in whatever form and quantities the particular District requires.
(as revised for 2007)

Accreditation Type: Standards I Standards II Ongoing Improvement Early Childhood Other

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 _____ _____ Self-Study

_____ On-Site Visit Report _____ Mid-Cycle Visit Report

_____ Other: _____

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) _____