

# 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) \_\_\_\_\_