**National Lutheran School Accreditation**

Cumulative Annual Report

*Revised September 2023*

**<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:

Completed LCMS Annual Statistical Report:

|  |  |  |
| --- | --- | --- |
|  |  | Yes |
|  |  | No |

Completed MinistrySafe:

|  |  |  |
| --- | --- | --- |
|  |  | Yes |
|  |  | No |

Co-Accredited By (*If Applicable*):

|  |  |  |
| --- | --- | --- |
|  |  | Cognia |
|  |  | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_

**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: Please be as specific as possible when completing the following table and include detailed information related to each recommendation and any corrective action taken.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Standard & Indicator Number** | **Self-Study Concerns and Validation Team Recommendations** | **Target School Year** | **Responsible Party** | **Action Taken** | **School Year Addressed** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*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.*

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