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| **NLSA School Action Plan** | | | | | | | | | | | | | |
| **School Name:**  **School Address:**  **LCMS District:**  **Administrator:**  **Date of Most Recent NLSA Validation Team Visit:** | | | | | | | | | | | | | |
| **Accreditation Year** | |  | **Initial** |  | **Year 1** |  | **Year 2** |  | **Year 3** |  | **Year 4** |  | **Year 5** |
| **Standard & Indicator Number** | **Self-Study Concerns & Strategies** | | | | | **Target School Year** | | **Responsible Party** | | **Action Taken** | | **School Year Addressed** | |
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