

**NATIONAL LUTHERAN SCHOOL ACCREDITATION
FACE SHEET**

This form is to be used for any NLSA reports submitted to the District office from the school or the visiting team. **All reports are to be submitted electronically (PDF) to the District Office no later than May 15.** Do not send any reports directly to the National office as they will be submitted by the District offices at the required time. (Revised 2/2017)

Individual Preparing Report: _____

Position: _____

Preferred Contact (Check and Complete One):

Phone: (____) ____ - _____

Email: _____

Date of Report: ____ / ____ / _____ **Date of School Site Visit:** ____ / ____ / _____

Type of Report (Check One):

Cumulative Annual Report

Self-Study Report

Visit Team Report

Accreditation Type (Check All that Apply):

Evidence Based Accreditation (EBA)

Early Childhood Accreditation (OI)

Early Childhood Accreditation (SB)

AdvancEd

AdvancEd (Early Childhood)

WASC

Middle States

School Information:

Name: _____

Address: _____

City, State, Zip: _____

LCMS District: _____

Administrator Contact Information:

Name: _____

Phone: (____) ____ - _____ (Select One) Home Work Cell

E-Mail: _____

For Visiting Team Reports Include:

Consultant Name: _____

Phone: (____) ____ - _____ (Select One) Home Work Cell

E-Mail: _____

Team Captain Name: _____

Phone: (____) ____ - _____ (Select One) Home Work Cell

E-Mail: _____