



Cognia / NLSA Annual Report

Submit an electronic copy of this report to the South Wisconsin District office.

School Name: _____

School Address: _____

LCMS District: _____

Principal: _____

Date of Most Recent Cognia External Review: _____

Accreditation Year: Preliminary Year 1 Year 2 Year 3 Year 4 Year 5

Please describe any action taken to respond to the last External Review recommendations.

(Please respond here.)

The information shared on this report is accurate to the best of my knowledge.

Principal's Signature

Date