

# National Lutheran School Accreditation

## Cumulative Annual Report

*Revised March 2026*

School Name

City, ST



# PART I: SCHOOL INFORMATION

School Name:

Address:

City / State / ZIP:

School Administrator Name:

School Administrator Phone Number:

School Administrator Email Address:

LCMS District: South Wisconsin District

Completed LCMS Annual Statistical Report:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Completed MinistrySafe (or comparable program):

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Co-Accredited By (*If Applicable*):

<input type="checkbox"/>	Cognia
<input type="checkbox"/>	WASC
<input type="checkbox"/>	Middle States
<input type="checkbox"/>	CACLE

State Requirements:

The school is aware of State Requirements and meets or exceeds those requirements:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Date of Most Recent NLSA Site Visit:

Report is for Year (*Indicate One*):

<input type="checkbox"/>	Year One (Site Visit) (No Annual Report)
<input type="checkbox"/>	Year Two (First Annual Report)
<input type="checkbox"/>	Year Three (Second Annual Report)
<input type="checkbox"/>	Year Four (Third Annual Report)
<input type="checkbox"/>	Year Five (Fourth Annual Report)

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Governing Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## 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.*

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