

Lake Union Conference

Focus Visit Accreditation Report Form

For

(Name of School *in bold*, larger Capital letters)

(Name of Conference)



Prepared for the
North American Division
Commission on Accreditation
of the Accrediting Association of Seventh-day Adventist
Schools, Colleges, and Universities, Inc.

Date of Visit

(Insert Date Here)

(Insert Original Accreditation Visit Date Here)

FOR LUC USE ONLY	
Focus Visit	
Next Visit/Type	
Date	
LUC Approval	

General Instructions for Completing the SCHOOL'S FOCUS VISIT REPORT

When a school receives a **Focus-Cycle Visit**, the Union and Conference offices of Education will set a date during the appropriate year and designate a committee of two to three individuals to visit the school, to conduct the Focus-cycle Review visit. The chair of the Focus Visit committee will be the chair of the last full-scale visit, or appointed by the Local Conference, Lake Union, or North American Division Office of Education.

The **school** is to fill out this report during the designated year for its Focus-visit and send the report to the conference/union office of education two weeks ahead of the Focus-cycle. The school should fill out the sections as specified below.

1. **Cover sheet** excluding the Focus Visit Committee members' names
2. **School Profile**
3. **Identify focus of the visit (the area being addressed)**
4. The **School's Response** as to how the recommendation has been resolved.
5. Provide a copy with expected details of the item of concentration for the Focus Visit. If Action Plans required for the Focus Visit are completed, indicate the date of completion. Briefly describe the work accomplished and/or the outcomes of the completed Action Plan.

The **Focus Visit Committee** will review the school's report ahead of the visit and the **chairperson** will fill out the following parts on the day of the visiting committee's on-campus visit.

1. Names of the Focus-cycle committee members
2. The committee's response to the **progress** of how the school has met and/or has progressed in the item of Focus and Action Plan(s).
3. The **Justification Statement** based on the options provided according to the status of accreditation outlined by the North American Division Accrediting Association.

STATUS OF ACCREDITATION OPTIONS FOR FOCUS VISIT COMMITTEES

4. The on-site Focus Visit Committee may recommend an extension of accreditation for the remainder of the six-year status, a Mid Visit, or probationary status. Annual written progress reports will continue throughout the status of Accreditation.

Report of the Focus Visit Committee

For

(Name of School)

from the Full-scale Accreditation completed on

(Date of Visit)

Justification Statement

Focus Visit Committee Recommendation

It is the opinion of the Focus Visit Committee that _____ has made sufficient progress on the identified recommendations of the previous full-scale visiting committee necessitating this focus visit, that the six-year status of accreditation can justifiably be maintained. A Midcycle Visit will take place in and a _____ visit scheduled for the spring of _____.

Focus Visit Team

Chair	Position
Member	Position
Member	Position

Submitted to the
North American Division Commission on Accreditation
of the Accrediting Association of Seventh-day Adventist Schools,
Colleges and Universities, Inc.
Silver Spring, Maryland

SCHOOL PROFILE SUMMARY REPORT

Focus Visit Report

School Year _____

SCHOOL IDENTIFICATION:

School Name _____ School ID _____

Address _____ Conference _____

Superintendent _____

Principal _____ E-mail _____

Please indicate if there will be a principal change for the upcoming year. _____

School type _____ No. of constituent churches _____ Membership _____

ENROLLMENT DATA: (Current School Year)

Reference NAD Opening Report Enrollment Numbers for Prior Years & Project Future Enrollment					
3 Years Ago	2 Years Ago	1 Year Ago	Current Year	Projected Next Year	Projected in 2 Years

Percentage of current students from Adventist homes: _____%

PERSONNEL DATA: (CURRENT SCHOOL YEAR)

Number of administrative staff (total FTE): _____

Identify # of FTEs in each: Full-time Principal _____ Teaching Principal _____ Vice/Assistant Principal _____

Number of certificated non-administrative teachers (FTE) PreK – 10 _____

Number of staff: Full-time _____ Part-time _____

FINANCIAL DATA: (Last fiscal year)

Total Operating Expense (Current Fiscal Year) \$ _____ Actual Increase (Decrease) of Previous Fiscal Yr. \$ _____

Total Tuition/Fees Income (as % of all income) \$ _____ Operating Expense per Student \$ _____

ACCREDITATION DATA:

Date of prior full evaluation visit _____ Status granted: _____

Date(s) of additional visits _____ Type of visit(s) _____

Principal's Name _____ Signature _____ Date _____

Recommendation

School's Response

Committee's Response Chart here

Place an (X) after the number of recommendation of item(s) of focus, indicating the degree to which it has been completed.

Focus Visit Recommendation RECOMMENDATIONS	Completed	In Progress/ Ongoing	Not Completed

Progress in Action Plans
From the Full-scale Site Visit to

(Name of School)

Prepared by the **Focus Visit** Committee

on _____
 (Insert Date)

Place an (X) after the number of each action plan related to the focus of this visit, indicating the degree to which it has been completed.

ACTION PLANS	Completed	Partially Completed	Not Completed
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Percentage			