

Lake Union Conference

Mid-cycle School Accreditation Report Form



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

(Name of School)

Date of Visit

(Insert date here)

FOR LUC USE ONLY	
Mid-cycle Review (3 year or 2/4)	
Focus Visit	
Next Visit/Type	
Date	
LUC Approval	

General Instructions for Completing the

SCHOOL'S MID-CYCLE REPORT

When a school receives a **Mid-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 Mid-cycle Review visit. The chair of the Mid-cycle 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 Mid-cycle visit and send the report to the conference/union office of education two weeks ahead of the Mid-cycle. The school should fill out the sections as specified below.

1. **Cover sheet** excluding the Mid-cycle Committee members' names
2. **School Profile**
3. Each **Recommendation** and the **School's Response** as to how the recommendation has been resolved (Table A)
4. Provide a copy of the **Action Plans** from the last full-scale evaluation and, listing of all **Action Plan Objectives** (Table B), a list of **Action Plans** of the last full-scale evaluation with the **School's Response** as to the progress made on each. If the plan has been completed, indicate the date of completion. Briefly describe the work accomplished and/or the outcomes of the completed Action Plan.

The **Mid-cycle 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 Mid-cycle committee members
2. The committee's response to the **Recommendations** and the **Progress Report** on how the school has met the major recommendations
3. The committee's response to progress made on all **Action Plan Objectives** and the **Progress Report** for the action plan objectives
4. The **Justification Statement** based on the options provided according to the status of accreditation outlined by the North American Division Accrediting Association
5. **The chair is responsible for sending the full report to the Union/NAD Office of Education**

STATUS OF ACCREDITATION OPTIONS FOR MID-CYCLE COMMITTEES

The on-site Mid-cycle committee may recommend an extension of accreditation for the remainder of the six-year status, another Mid-cycle, or probationary status. Annual written **Progress Reports** will continue throughout the status of Accreditation.

Justification Statement

(Provide the justification for the new recommendation)

Mid-cycle Review Committee Recommendation

It is the opinion of the Mid-cycle Review Committee that _____
_____ has made _____ progress on the recommendations and action plans from
the previous full-scale visiting committee to justifiably grant the remainder of the six-years status, until the
time of the next full Self-study and site visit scheduled for _____.

Mid-cycle School Accreditation Form

(Name of School)

of the

(Name of Conference)

A Mid-cycle Report (K-12) of all Recommendations and Action Plans

From the Full-scale Evaluation done on:

(Insert Original Evaluation Date Here)

Mid-cycle School Accreditation

Report of the Mid-cycle Committee for

(Name of School)

(Date of Visit)

Mid-cycle Committee Recommendation

It is the opinion of the Mid-cycle Committee that _____
has made sufficient progress on the major recommendations of the previous full-scale visiting committee, that
the six-year status of accreditation can justifiably be maintained until the time of the next full Self-study and
site visit scheduled for the spring of _____.

Mid-cycle 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

U # † k

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 _____

Progress in Meeting Recommendations

From the Full-scale Site Visit to

(Name of School)

Prepared by the **Mid-Cycle Visit** Committee

on _____
(Insert Date)

Place an (X) after the number of each recommendation indicating the degree to which it has been completed.

RECOMMENDATIONS	Completed	In Progress/ Partially Completed/ Ongoing	Not Completed

continue next page

Place an (X) after the number of each recommendation indicating the degree to which it has been completed.

RECOMMENDATIONS (cont.)	Completed	In Progress/ Partially Completed/ Ongoing	Not Completed
Percentage			

TABLE A – Progress Report on Visiting Committee’s RECOMMENDATIONS

Recommendation	School Response	Visiting Committee Response
<p>Recommendation:</p>	<p>Not Completed: In Progress: Partially Completed: Ongoing: Completed:</p> <p>Comments:</p>	<p>Not Completed: In Progress: Partially Completed: Ongoing: Completed:</p> <p>Comments:</p>

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

(Name of School)

Prepared by the **Mid-Cycle Visit** Committee

on _____
 (Insert Date)

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

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

TABLE B: PROGRESS REPORT FOR SCHOOL IMPROVEMENT ACTION PLANS

School: _____

Date of last evaluation: _____

Action Plan – Goal Statement	Major Implementation Activities	Results of Efforts	Barriers to Fulfillment	Current Status
				Date Goal Set: <input type="checkbox"/> In Progress <input type="checkbox"/> Partially Completed <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed <input type="checkbox"/> New plan

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