**ANNUAL PROGRESS/MID-CYCLE VISIT REPORT**

**School Year: \_\_\_\_\_\_\_- \_\_\_\_\_\_\_**

submitted to

the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Union/Conference Office of Education

For all schools accredited by

the Accrediting Association of Seventh-day Adventist Schools



*Submitted by:*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| School |  | Principal |
|  |  |  |
| Date |  | Administrator Completing Report |

**PURPOSE**

This **Annual Progress Report** fosters continuous school improvement by holding schools accountable to the school’s continuous improvement plan and the accreditation visiting committee report. In addition, this report facilitates the review of the secondary curriculum for junior and senior academies.

**PROCEDURES**

Each union/conference shall provide an overview of the procedures and timeline used for the submission of the report.

Commission on Accreditation

NORTH AMERICAN DIVISION

**SCHOOL PROFILE SUMMARY REPORT**

**SCHOOL IDENTIFICATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Name: | | | School ID: | |
| Address: | | | | |
| Conference: | | | | |
| Principal: | | E-mail: | | |
| School Type: | No. of Constituent Churches: | | | Membership: |

**ENROLLMENT DATA:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Opening Enrollment History and Projected Total for **ALL** Grades | | | | | |
| 3 Years Ago | 2 Years Ago | 1 Year Ago | This Year | Next Year | In 2 Years |
|  |  |  |  |  |  |
| Percentage of Current Students from Adventist Homes: % | | | | | |

**PERSONNEL DATA:** (Current School Year)

|  |  |
| --- | --- |
| Total Number of Staff (FTE): | |
| Administrative: | Certificated Instructional: |
| Number of Staff (Head Count): | |
| Part-Time: | Classified/Support Staff: |

**FINANCIAL DATA:** (Last Fiscal Year)

|  |  |
| --- | --- |
| Total Operating Expense: $ | Year-End Gain (Loss): $ |
|  |  |
| Total Tuition/Fees Income: %  (as % of all income) | Operating Expense per Student: $ |

**ACCREDITATION DATA:**

|  |  |
| --- | --- |
| Date of Last Full Evaluation Visit: | Term Granted: |
| Date of Any Additional Visits: | Type of Visit: |

**VERIFICATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Completed By: |  | Date: |  |

**REPORT ON CONTINUOUS SCHOOL IMPROVEMENT PLAN**

*The annual report of a school’s progress on the implementation of its continuous school improvement plan provides accountability to the accrediting agencies, the school board, and the constituency.*

Insert the school’s continuous school improvement plan and provide an update in the “Progress” column.

**REPORT ON VISITING COMMITTEE RECOMMENDATIONS:**

|  |  |
| --- | --- |
| **Recommendation** | **School Response** |
| Recommendation # \_\_\_\_\_ |  |
| Recommendation # \_\_\_\_\_ |  |
| Recommendation # \_\_\_\_\_ |  |

**ATTACHMENTS:**

**Please attach the following in digital format:**

1. Current class schedules with daily/weekly clock hours
2. Copy of the school board minutes, with date, showing that the school board has reviewed the continuous school improvement plan and the visiting committee recommendations during the last 12 months