



# Application for Evaluation

Commission on Public  
Secondary Schools

2013

We request that the Commission on Public Secondary Schools of the New England Association of Schools and Colleges evaluate our school for the following:

(Please check one)

**Initial Accreditation**

**Continued Accreditation**

We understand that membership in the New England Association of Schools and Colleges requires that our school demonstrate commitment to the three phases of the accreditation process: a self-study which involves the school's entire professional staff, evaluation by a Commission visiting committee, and a follow-up program to carry out valid recommendations contained in the evaluation report and identified by the Commission in its correspondence. We further understand that membership requires that we provide members of our professional staff to serve as members of visiting committees throughout the decennial cycle.

## SCHOOL INFORMATION

<b>Name of School</b>		<b>Mailing Address</b>			
<b>Principal /Headmaster</b>		<b>Telephone No.</b>			
Dr. ___ Mr. ___ Ms. ___ Mrs. ___		<b>Fax</b>			
		<b>E-mail</b>			
<b>Principal's Nickname</b>	<b>Enrollment (October 1, 2010)</b>	<b>Grades</b>		<b>Teachers</b>	

## DISTRICT INFORMATION

<b>Name of District</b>		<b>Mailing Address</b>			
<b>Superintendent</b>		<b>Superintendent's Nickname</b>		<b>Telephone No.</b>	
Dr. ___ Mr. ___ Ms. ___ Mrs. ___					
				<b>Fax</b>	
				<b>E-Mail</b>	
<b>Chair of the School Board/Committee</b>		<b>Chair's Title (Check one)</b>			
		<b>Chair</b> <input type="checkbox"/>		<b>President</b> <input type="checkbox"/>	
		<b>Other:</b>			

**Signature of Principal**

Date:

**Signature of Superintendent**

Date:

Please return completed application **promptly** to:

For CPSS office use only: Evaluation Dates _____ Staff Initials: _____
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Janet D. Allison, Director  
Commission on Public Secondary Schools  
New England Association of Schools and Colleges  
209 Burlington Road, Suite 201  
Bedford, MA 01730-1433

## SCHOOL DATA

Please provide the following information to assist us in determining the composition of the visiting committee which is composed of a minimum of 16 members: 4 administrators, guidance and library personnel, and classroom teachers.

1. Indicate the number of teachers (or full-time equivalent thereof) for each area below.

<u>Instructional Areas</u>	<u>Teachers</u>	<u>Instructional Areas</u>	<u>Teachers</u>
Agriculture	_____	Library/Media Services	_____
Alternative Programs*	_____	Mathematics	_____
Art	_____	Music	_____
Bilingual (specify)	_____	Physical Education	_____
Business Education	_____	Reading	_____
Computer Education	_____	Science	_____
English	_____	Social Studies	_____
Foreign Language	_____	Special Education	_____
Guidance	_____	Technology Education	_____
Health Education	_____	Vocational Education	_____
Home Economics	_____	Others (Specify)_____	
*Please describe			

2. Indicate the school's minority enrollment e.g., African-American, Asian, Hispanic, Latino, etc.

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### SCHOOL CALENDAR INFORMATION

The Commission on Public Secondary Schools schedules decennial visits during the Spring and Fall. Spring visits extend from the first week in March through mid-May. Fall visits extend from the last week in September to mid-November. Please provide the dates of school vacations and/or religious holidays, and the administration of state standardized testing for your school to assist the Commission staff in scheduling your school visit dates.

#### SPRING 2013

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#### FALL 2013

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