



# Application for Evaluation

Committee on Public  
Secondary Schools

2019

We request that the Committee 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 visiting team, and a follow-up program to carry out valid recommendations contained in the evaluation report and identified by the Committee in its correspondence. We further understand that membership requires that we provide members of our professional staff to serve as members of visiting teams 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>			
		School Web Address			
<b>Principal's Nickname</b>	<b>Enrollment (October 1, 2016)</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>	
				District Web Address	
<b>Chair of the School Board/Committee</b>			<b>Chair's Title (Check one)</b>		
			Chair <input type="checkbox"/> President <input type="checkbox"/>		
			Other: _____		

<b>Signature of Principal</b>	Date:
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<b>Signature of Superintendent</b>	Date:
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Please return completed application **promptly** to:

For CPSS office use only: Evaluation Dates _____ Staff Initials: _____
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George H. Edwards, Director  
Commission on Public Schools  
New England Association of Schools and Colleges  
3 Burlington Woods Drive, Suite 100  
Burlington, MA 01803-4514

## SCHOOL DATA

Please provide the following information to assist us in determining the composition of the visiting team which is composed of a team of up to 16 members which includes administrators, guidance, 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	_____
Art	_____	Mathematics	_____
Business Education	_____	Music	_____
Computer Education	_____	Physical Education	_____
ELL	_____	Reading	_____
English	_____	Science	_____
World Language	_____	Social Studies	_____
Guidance	_____	Special Education	_____
Health Education	_____	Technology Education	_____
Consumer Science	_____	Vocational Education	_____
		Others (Specify)_____	

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

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We prefer a visit in <input type="checkbox"/> Spring 2019 <input type="checkbox"/> Fall 2019 Every effort will be made to honor the school's request.
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### SCHOOL CALENDAR INFORMATION

The Committee 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 typical dates of school vacations and/or religious holidays, and the administration of state standardized testing and scheduled Professional Development days for your school to assist the staff in scheduling your school visit dates.

#### SPRING 2019

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#### FALL 2019

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