

To be used with Evaluative Criteria for K-12 Senior Academy

(Committee Member Name, School and Address:)

Date: _____

E-mail Address: _____

Phone (School or Cell): _____

On behalf of the NAD Commission on Accreditation you have been selected to serve on the evaluation Visiting Committee to _____. This evaluation is scheduled for _____ (K-12 Academy Name). Your positive response and input on the items below is greatly appreciated. Please return this form by _____ (Date of Evaluation).

Sincerely, _____

A) I can / cannot accept this invitation. If you can accept, please check the areas in which you would prefer to serve.

B) **STANDARDS & GENERAL INFORMATION** (Check TWO)

<input type="checkbox"/> STANDARD-Philosophical Foundation	<input type="checkbox"/> STANDARD-Media Center/Library
<input type="checkbox"/> STANDARD-School Community/Constituency	<input type="checkbox"/> STANDARD-Student Activities
<input type="checkbox"/> STANDARD-Administration	<input type="checkbox"/> STANDARD-Student Services
<input type="checkbox"/> STANDARD-Staff Development	<input type="checkbox"/> STANDARD-School Facilities
<input type="checkbox"/> STANDARD-Curriculum & Instruction	<input type="checkbox"/> STANDARD-Information Technology

C) **SUBJECT AREAS** (Check THREE)

<input type="checkbox"/> ""Ctv'3/34	<input type="checkbox"/> Ncpi wci g'Ctu'3/:
<input type="checkbox"/> ""Dwukpguu'('Eqo r wgt'Gf wecvkqp"3/34	<input type="checkbox"/> O cyj go cvku'3/34
<input type="checkbox"/> Gpi rkuj "; /34	<input type="checkbox"/> O wuke"3/34
<input type="checkbox"/> Hqtgki p"Ncpi wci g"3/34	<input type="checkbox"/> Rj { ukecn'Gf wecvkqp"3/34"
<input type="checkbox"/> J gcmj "; /34""	<input type="checkbox"/> Tgri kqp"("Y kpguulpi lUgtxleg"3/34
<input type="checkbox"/> J qo g'Ctu'("kpf wutkcn'Vgej "Gf"; /34"	<input type="checkbox"/> Uekpeg"3/34
<input type="checkbox"/> Mkp gti ctvgp"("Rtg/nkpf gti ctvgp	<input type="checkbox"/> Uekcn'Uwf lgu"3/34

_____ Date

_____ Committee Member Signature