



Association of Christian Teachers and Schools

911 S Parsons Ave. Suite G, Brandon, FL 33511

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CONTINUOUS ACCREDITATION REPORT (CAR)

Complete the following information for the last full school year. The school's administration should submit the CAR and include all forms and supporting documentation in digital format (USB) along with the annual renewal fee of \$500. A Late Fee of \$150 will be assessed to any report not postmarked by Sept 15th. The ACTS Accreditation Commission will review the CAR to verify that the school continues to maintain accreditation standards. This commission makes its recommendations for continued accreditation to the Executive Board during its annual meeting.

Academic Year:					
School Name:					
Mailing Address:					
City:		State:		ZIP Code:	
Phone Number:			Fax Number:		
Administrator's Email Address: (Required)					
School Website:					
Name of Administrator:			Name of Pastor: (if applicable)		
Initial Accreditation Awarded Date:			Most Recent Re-Evaluation Accreditation Awarded Date:		
Please Enter Number of Students per Grade					
PS	K	1st-6th	7th-8th	9th-12th	Total
Staff:		Teaching Staff:		Teacher/Pupil Ratio:	
<p>School improvements during the last year in program (addition/deletion of grades, L.D. division, etc.) Provide explanation on items requiring current validation forms. Failure to report a change can adversely affect the school's accreditation status.</p>					
NO CHANGE <input type="checkbox"/> CHANGE <input type="checkbox"/>					
Explanation:					
SIGNATURE					
<p>By entering your name you electronically acknowledge reading and understanding the above document, and I hereby certify that the information above is true and accurate.</p>					
Administrator's Signature:					

CAR is due by September 1. Late Fees assessed after September 15

STANDARDS REQUIRING CURRENT VALIDATION

Identify whether each of the following Standards remains the same or has changed since submitting the initial Accreditation Form or the last CAR. If a Standard sub-component item has changed since the last report, attach an explanation of the change.

<u>STANDARD</u>	<u>REMAIN THE SAME</u>	<u>CHANGE SINCE LAST REPORT</u>
1. PHILOSOPHY AND OBJECTIVES	<input type="checkbox"/>	<input type="checkbox"/>
2. GOVERNANCE	<input type="checkbox"/>	<input type="checkbox"/>
3. CURRICULUM AND INSTRUCTION	<input type="checkbox"/>	<input type="checkbox"/>
4. STAFF	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL STAFF	<input type="checkbox"/>	<input type="checkbox"/>
SUPPORT STAFF	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATIVE STAFF	<input type="checkbox"/>	<input type="checkbox"/>
5. MEDIA AND TECHNOLOGY	<input type="checkbox"/>	<input type="checkbox"/>
6. FINANCES	<input type="checkbox"/>	<input type="checkbox"/>
7. SCHOOL FACILITIES	<input type="checkbox"/>	<input type="checkbox"/>
8. ADMISSION PROCEDURES AND POLICIES	<input type="checkbox"/>	<input type="checkbox"/>
9. RECORDS	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE RECORDS	<input type="checkbox"/>	<input type="checkbox"/>
PERSONNEL RECORDS	<input type="checkbox"/>	<input type="checkbox"/>
10. STUDENT ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>
11. PUBLICATIONS	<input type="checkbox"/>	<input type="checkbox"/>
STUDENT HANDBOOK	<input type="checkbox"/>	<input type="checkbox"/>
FACULTY HANDBOOK	<input type="checkbox"/>	<input type="checkbox"/>
12. HEALTH, SAFETY, AND SECURITY	<input type="checkbox"/>	<input type="checkbox"/>

ITEMS FOR SUBMISSION WITH CAR:

When saving data to USB/Flash Drive, please name file to correspond with number (i.e. 1 – Budget):

1. A copy of the current budget for the school academic year.
2. Evidence of an annual external audit for review.
3. Evidence of ACTS being listed as “Additional Insured” on School’s Liability Insurance
4. Identification of all major fund-raising activities and what the funds were used for.
5. Current tuition fee for the school academic year.
6. Current school academic calendar.
7. Current summaries of standardized tests by grade.
8. A list identifying faculty and support staff changes during the last year and proof of request for ACTS Teacher Certification.
9. Identification of any new staff in-service/development activities implemented this school year.
10. Identification of any new resources used by your faculty that was implemented this school year.
11. Identification of ACTS conference your school attended (Required minimum of two representatives per school, per year).
12. A complete list of recommendations, along with action taken on each recommendation, from the school’s latest Visiting Team Report.
13. A complete list of school’s trained accreditation team members. (Minimum of 2 Required)
14. State Departments of Education Required Additional Data:
 - a. Median Tuition for Students
 - b. Percentage of Students receiving need –based financial aid **and** total dollar amount of that aid
 - c. Mean Classroom Teacher Salary
 - d. Total Number of Graduating Seniors from the most recent graduating class
15. School Improvement Plan – Create a narrative explaining your progress of the School Improvement Plan that includes the following details:
 - a. Timeline of progress/completion (month, year)
 - b. Responsible and involved person(s)
 - c. Resources used to complete the Recommendations/School Improvement Plan
 - d. Means to monitor and report progress to all members
 - e. Develop strategies that provide for ongoing involvement of all stakeholders.
 - f. Develop ways to keep the entire school community informed about the progress being made.