

To be used with Evaluative Criteria for 9-12 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 _____ . Your positive response and input on the items below is greatly appreciated. Please return this form by _____ .

(9-12 Senior Academy Name)

(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** (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"/> Art	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Business & Computer Education	<input type="checkbox"/> Music
<input type="checkbox"/> English	<input type="checkbox"/> Physical Education
<input type="checkbox"/> Foreign Language	<input type="checkbox"/> Religion & Witnessing/Service
<input type="checkbox"/> Health	<input type="checkbox"/> Science
<input type="checkbox"/> Home Arts & Industrial Tech Education	<input type="checkbox"/> Social Studies

Date

Committee Member Signature