**NATIONAL LUTHERAN SCHOOL ACCREDITATION
VALIDATION TEAM REPORT SUBMISSION CHECKLIST
for** <INSERT NAME OF SCHOOL>, <INSERT CITY/STATE>**.**

The responsibilities of the Validation Team Captain, School Administrator and District Accreditation Commission are outlined below. Place an “X” in the box below when completed by the appropriate individual and sent as indicated. The District Accreditation Commission will submit the entirety of the following documentation when complete to the NLSA National Office.

**VTC:** To be used by the Validation Team Captain (VTC) to verify that all required parts are in the final Visit Team Report and are ready for distribution. *NOTE: Send to the school within fourteen (14) days of the Validation Team Visit.*

**SA:** To be used by the School Administrator (SA) to verify that all required parts of the Validation Team Report and Self-Study Report are complete and ready for submission to the District Accreditation Commission (DAC). *NOTE: Send within fourteen (14) days of receipt of the Validation Team Report from the Validation Team Captain.*

**DAC:** To be used by the District Accreditation Commission (DAC) as a final verification before sending the required documentation to the NLSA National Office. *NOTE: Submit no later than June 15th.*

**NEEDED FOR BOTH EVIDENCE-BASED ACCREDITATION AND EARLY CHILDHOOD ACCREDITATION PROCESSES**

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| --- | --- | --- | --- |
| **VTC** | **SA** | **DAC** |  |
|  |  |  | **Validation Team Report:*** Title Page
* Foreword
* Disclaimer
* Validation Team Member Biographic Information
* Report Summary
* Team Findings
* Review of the School Action Plan
 |
|  |  |  | **Self-Study Report for Submission to District Accreditation Commission*** Submit complete report as one PDF file, including the “General Information About the School” (Self-Study Report P. 3 – 9) and updated School Action Plan.
* Submit *WITHOUT* Accompanying Evidence
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|  |  |  | **Major Deficiencies Sign-Off with Accompanying Documentation** *(by date required in the Validation Team Report.)* |
|  |  |  | **Letter of Extenuating Circumstances/Explanations of Which the National Accreditation Commission Should Be Aware** *(if applicable)* |
|  |  |  | **Face Sheet to Accompany All Reports to NLSA National Office** |