



# Application for Accreditation Spring 2010/Fall 2010

Commission on Public  
Elementary and Middle  
Schools

We request that the Commission on Public Elementary and Middle 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 the Commission's accreditation program is comprised of three phases: a self-study which involves the school's entire staff, an on-site peer review committee, and a follow-up program to carry out valid recommendations contained in the evaluation report and identified by the Commission in its correspondence.

## SCHOOL INFORMATION

Full Name of School		Mailing Address	
<b>Principal</b>		<b>Telephone No.</b>	
		<b>Fax</b>	
		<b>Principal E-Mail</b>	
<b>Principal Nickname</b>	<b>Current Enrollment</b>	<b>Grades</b>	<b>FTE Teachers</b>

## DISTRICT INFORMATION

Complete District Name		Mailing Address	
<b>Superintendent</b>		<b>Telephone No.</b>	
		<b>Fax</b>	
		<b>Superintendent E-Mail</b>	

**Signature of Principal** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Superintendent** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return completed application by May 21, 2008 to:*

For CPEMS office use only: Evaluation Dates _____
--

Dr. David L. Flynn, Director  
Commission on Public Elementary and Middle Schools  
New England Association of Schools and Colleges  
209 Burlington Road  
Suite 201  
Bedford, MA 01730-1433

## DATES FOR EVALUATION VISIT

Listed below are the weeks in the 2010 school year during which the Commission on Public Elementary and Middle Schools will schedule **decennial/initial evaluation visits**. The team visits take place from midday Sunday through Wednesday.

March 2010 March 2010 March 2010 March – April 2010 April 2010 May 2010	September 2010 September 2010 October 2010 October 2010 October 2010 November 2010
--	---

Please reference the section above and indicate below the dates during which the school ***chooses to host*** an evaluation visit ***keeping in mind state or religious holidays, school vacation weeks, and the administration of state standardized tests.***

---



---

## COMPOSITION OF THE VISITING COMMITTEE

There are 7-8 members on an elementary visiting committee and 14-15 on a middle level committee. (Size may vary in the case of a school with a large student enrollment and/or with grades PreK-8. Each visiting committee is composed of administrators (at least one from the state in which the school lies), classroom and/or subject area teachers, and specialists. As much as possible visiting teams are balanced to match the student and teacher population of each individual school environment.

Team Members

- Administrators
- Teachers
- Student Services Representative (if applicable)
- Educational Media Representative (if applicable)

Please indicate below if you wish to request an additional teacher(s)/instructional area(s) . Your school may choose no more than two additional positions.

Number of Additional Teacher(s)	Instructional Area(s)

\*Schools with a significantly small student enrollment may wish to discuss with Commission staff an adjustment to the size of the visiting committee.

## SCHOOL DATA

Please provide the following information to assist us in determining the composition of the visiting committee:

1. If applicable, please indicate the percentages of significant minority representation(s), e.g., African-American, Asian, Hispanic, Latino, etc., within the student and faculty population.

---



---

2. Describe briefly any unique organizational patterns within the school (multi-age grouping, teaming, etc.)

---



---

3. Describe the school campus itself (number of buildings and levels, shared facilities, etc.)

---



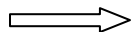
---



---

4. Indicate the number of teachers in the building (or full-time equivalent thereof) for each area below.

<u>Instruction Areas</u>	<u>Teachers</u>	<u>Instruction Areas</u>	<u>Teachers</u>
Art	_____	Social Studies	_____
Bilingual Education	_____	Special Education	_____
Computer Technology	_____	Grade Pre-K	_____
English	_____	Grade K	_____
Foreign Language	_____	Grade 1	_____
Guidance	_____	Grade 2	_____
Health Education	_____	Grade 3	_____
Math	_____	Grade 4	_____
Media Services	_____	Grade 5	_____
Music	_____	Grade 6	_____
Physical Education	_____	Grade 7	_____
Reading	_____	Grade 8	_____
Science	_____	Others (Specify)	_____



## SERVICE ON VISITING COMMITTEES

Please indicate below the names of the school's steering committee chair, co-chair and members, as well as teachers and administrators who would like to serve on a visiting committee prior to the school's on-site evaluation. Please include subject area and or grade level and the season interested members would prefer to participate. Please only give the names of individuals in their positions for more than a year and indicate minorities with an asterisk so we can strive for proper representation on teams.

	NAME	SUBJECT AREA & or GRADE LEVEL	SEASON S, F, or E	EXPERIENCE A, B, or C
<b>S. C. Chair</b>				
<b>Co-Chair</b>				
<b>Members</b>				
<b>Teachers</b>				
<b>Administrators</b>				
<b>Principal</b>				

**\*In last columns please insert\***

Season (Spring = S, Fall = F, Either = E) and Years Experience (A = 20+ yrs., B = 10-19 yrs., C = 3-9 yrs.)