

Commission on Public Elementary & Middle Schools

Two -Year Progress Report

Summary Sheet

School Name: _____

Address: _____

Principal: _____

Date of On-Site Visitation: _____

Date of Two-Year Progress Report: _____

**Status of Visiting Committee Report
Recommendations**

**Names of Individuals Preparing
Report**

Status of Visiting Committee Report Recommendations			Names of Individuals Preparing Report
	Number	Percentage	
Completed			
In Progress			
Planned			
No Action			
Rejected			
TOTAL			

Signature of Principal: _____

Signature of Superintendent: _____

Signature of Two Faculty Members: _____

Signature of Two Parents: _____