



APPLICATION FOR EVALUATION

Name of School _____

Address _____

City _____

State _____

Zip Code _____

County _____

(Area Code) Telephone Number _____

(Area Code) Fax Number _____

E-mail Address of Head of School _____

Full Name and Title of Head of School _____

Grades to be Evaluated _____

Approximate Enrollment _____

Check all that apply: Public Independent Church Related Day Boarding Boys Girls Coed

Ethnic Distribution of Enrollment:

Black _____

Hispanic _____

White _____

Am. Indian/Alaskan _____

Asian/Pacific Islander _____

Check the Evaluation Protocol you will use for your school's self-study:

<input checked="" type="checkbox"/>	Protocol	<input checked="" type="checkbox"/>	Protocol
<input checked="" type="checkbox"/>	<i>Accreditation for Growth (AFG)</i> , MSA	<input checked="" type="checkbox"/>	<i>Validating the Vision (VTV)</i> , NCEA
<input type="checkbox"/>	<i>Reflections on Standards of Quality</i> , MSA	<input type="checkbox"/>	<i>Reflections on Standards of Quality</i> (NYSAIS Version), MSA
<input type="checkbox"/>	<i>Reflections on Standards of Quality (Career and Technology Version)</i> , MSA	<input type="checkbox"/>	<i>Evaluative Criteria for Christian Schools</i> **JOINT ACCREDITATION Association of Christian Schools International (ACSI)
<input type="checkbox"/>	<i>Evaluative Criteria</i> **JOINT ACCREDITATION Association of Independent Maryland Schools (AIMS)	<input type="checkbox"/>	<i>Guide to School Evaluation and Accreditation</i> Council on Independent Schools (CIS) **JOINT ACCREDITATION
<input type="checkbox"/>	<i>Self Study Guide</i> **JOINT ACCREDITATION New Jersey Association of Independent Schools (NJ AIS)	<input type="checkbox"/>	<i>Self Study Guide</i> **JOINT ACCREDITATION New York State Association of Independent Schools (NYS AIS)
<input type="checkbox"/>	<i>Evaluative Criteria</i> **JOINT ACCREDITATION Pennsylvania Association of Private Academic Schools (PAPAS)	<input type="checkbox"/>	<i>Evaluative Criteria</i> **JOINT ACCREDITATION Seventh-day Adventist (SDA)
<input type="checkbox"/>	<i>CADIE</i> (for Puerto Rico schools only) **JOINT ACCREDITATION	<input type="checkbox"/>	OTHER (in consultation with MSA staff):
<input type="checkbox"/>	Tri-States Consortium **must be a member	<input type="checkbox"/>	

We wish to apply for the International Credential in conjunction with our accreditation evaluation.

For all protocols except *AFG* or *VTV*, indicate 1) the curriculum/learning areas you intend to review during your self-study (with a ✓). Feel free to combine areas where appropriate for your school (e.g. Art / Music or Health / Phys Ed). 2) The number of FTE professionals you have in each of those areas (e.g. 2.5 for 2 full- and 1 part-time)

#	✓		#	✓		#	✓	
		Art			Foreign/World Languages			Religion/Theology
		Business Education			Health Education			Science
		Computer Science/Technology			Industrial Technology/Vocational Ed			Social Studies
		English			Mathematics			Special Education
		English as a Second Language			Music			Other Subjects:
		Family and Consumer Science			Physical Education			

Your estimate of the number of visiting team members needed to address adequately these self study areas and the 12 accreditation standards: _____

Indicate Dates Preferred for Team Visit:

1st Choice: Week of _____ Year _____

2nd Choice: Week of _____ Year _____

3rd Choice: Week of _____ Year _____

Signature of Head of School _____

Date _____