**SEP INITIAL VISIT VISITING COMMITTEE REPORT**

**ACCREDITING COMMISSION FOR SCHOOLS  
WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES**

**<SUPPLEMENTARY EDUCATION PROGRAM>**

**<CITY, STATE>**

**<VISIT DATES>**

**Visiting Committee**

<Name, Title>, Chairperson  
<School>

<Name, Title>.

<School>

**Introduction**

[Excerpts from the SEP Description, including the SEP purpose and the SEP learner outcomes]

**Ongoing Program Improvement**

**Strengths *(Sample introductory paragraph to match the SEP)***

­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_ provided a very thorough initial visit report, including supporting evidence. During the initial visit there was the opportunity for meaningful dialogue with the stakeholders, observations of students engaged in learning, and examination of additional evidence. The visiting committee found many positive aspects to the SEP which follow:

**Areas for Improvement (*Sample introductory paragraph to match the SEP)***

\_\_\_\_\_\_\_\_\_\_\_ has carefully identified areas for further development as a result of preparing for the ACS WASC initial visit. The visiting committee concurs with these and, in addition, has highlighted particular improvement areas. These suggestions will be important as the SEP leadership and teachers prioritize the tasks within the SEP action plan that will be implemented and monitored by the SEP’s formalized follow-up process.

**ACS WASC Justification and Recommendation**

# Justification Statement

Provide a brief narrative that summarizes the visiting committee’s rationale for the recommended status. If there is an unresolved minority opinion, please indicate and explain.

**Status Recommendations**

**IMPORTANT: This sheet is NOT to be given to the school. Please submit it to ACS WASC.**

**CONFIDENTIAL**

Check the box below that most closely corresponds to the SEP’s performance in regard to each of the criterion.

|  |  |  |  |
| --- | --- | --- | --- |
| SEP: |  | Date of Visit: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Criterion** | **Meets  standard for Initial Accreditation** | **Meets standard for Candidacy** | **Does not  meet standard** |
| A1. Purpose | ☐ | ☐ | ☐ |
| A2. Governance/Management | ☐ | ☐ | ☐ |
| A3. Leadership and Staff | ☐ | ☐ | ☐ |
| A4. Environment | ☐ | ☐ | ☐ |
| A5. Continuous Improvement Process | ☐ | ☐ | ☐ |
| A6. Resources and Planning | ☐ | ☐ | ☐ |
| B1. Curriculum | ☐ | ☐ | ☐ |
| B2. Instruction | ☐ | ☐ | ☐ |
| B3. Assessment | ☐ | ☐ | ☐ |
| C1. Student and Parent/Guardian | ☐ | ☐ | ☐ |
| C2. Multi-tiered Support | ☐ | ☐ | ☐ |
| Any Other Area(s): | ☐ | ☐ | ☐ |

**Status Recommendation**: The status recommendation should be based on the judgment of the team as to the SEP’s performance on the above.

* If the SEP predominately meets the ACS WASC standards for **Initial Accreditation**, that recommendation should be made.
* If the SEP predominately meets the ACS WASC standards for **Candidacy**, that should be the recommendation.
* If the SEP fails to meet ACS WASC standards in several areas or is substantially out of compliance with any important standard(s), the team should recommend **Denial** **of Affiliation**.

☐ The Initial Visit Team recommends **Initial Accreditation** not to exceed three years.

☐ The Initial Visit Team recommends a status of **Candidacy** not to exceed three years.

☐ The Initial Visit Team recommends **Denial** **of Affiliation** with ACS WASC.

**Signatures**:

|  |  |  |  |
| --- | --- | --- | --- |
| Chair: |  | Date: |  |
| Member: |  | Date: |  |

[The completed document should be uploaded to ACS WASC by the chairperson on the My Reviews/Visits page of the Member Portal: [acswasc.force.com/memberportal/s/my-reviews](https://acswasc.force.com/memberportal/s/my-reviews).]