**Columbia Union Conference**

**EARLY CHILDHOOD**

**&**

**ELEMENTARY ANNUAL PROGRESS REPORT**

**2024-2025**

submitted to the

Columbia Union Conference Office of Education

For all schools or programs accredited

by the Accrediting Association of Seventh-day Adventist Schools (AAA)

and those co-accredited by

Middle States Association – Commissions on Elementary and Secondary Schools (MSA-CESS)



*Submitted by:*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| School or Program |  | Principal or Director |
|  |  |  |
| Date |  | Administrator Completing Report |

**PREFACE**

This annual report is to be used by all Adventist schools offering elementary or early childhood education in the Columbia Union Conference and is to be submitted to the Columbia Union Office of Education.

**PURPOSE**

This **Annual Progress Report** fosters ongoing improvement by holding schools and programs accountable for meeting the standards while at the same time complying with the requirements set forth by the North American Division Commission on Accreditation. It is organized around school and program-wide standards, essential for quality educational and early childhood programs. This report holds schools and programs responsible for the progress made in the implementation phase of all school and program improvement strategic plans.

**PROCEDURES**

Specific instructions for each section of the annual report are attached as a separate document. The following are general instructions:

1. The report shall be completed by the school principal or program director and submitted **on February 3rd**.directly to the Columbia Union Office of Education (CUOE) to [jmessenger@columbiaunion.net](mailto:jmessenger@columbiaunion.net)
2. The CUOE will report deviations from standards to the Columbia Union Board of Education (CUBOE).
3. Upon notification of the CUOE’s findings and voted CUBOE status, the principal or director shall present this response to the school board.

Commission on Accreditation

NORTH AMERICAN DIVISION



**SCHOOL OR PROGRAM PROFILE SUMMARY REPORT**

**SCHOOL OR PROGRAM IDENTIFICATION:**

School or Program Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School or Program ID \_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal or Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School or program type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of constituent churches \_\_\_\_\_\_\_\_ Membership \_\_\_\_\_\_\_

**ENROLLMENT DATA: *(Current School or Program Year)***

Percentage of current students from Adventist homes: \_\_\_\_\_\_%

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Opening Enrollment History and Projected Enrollment Total for ALL Grades | | | | | |
| 3 Years Ago | 2 Years Ago | 1 Year Ago | Current Year | Next Year | In 2 Years |
|  |  |  |  |  |  |

**PERSONNEL DATA: *(CURRENT SCHOOL OR PROGRAM YEAR)***

Number of total staff (FTE) - Administrative \_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_ Certificated Instructional \_\_\_\_\_\_\_

Number of certificated instructional (FTE) PreK-8 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of staff (headcount): Full-time \_\_\_\_\_\_\_\_ Part-time \_\_\_\_\_\_\_\_ Classified/Support Staff \_\_\_\_\_\_\_\_  
  
**FINANCIAL DATA: *(Last fiscal year)***

Total Operating Expense (Last Fiscal Year) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual Increase (Decrease) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Tuition/Fees Income (as % of all income) $\_\_\_\_\_\_\_\_\_\_\_\_ Operating Expense per Student $\_\_\_\_\_\_\_\_\_\_\_\_  
  
**ACCREDITATION DATA:**

Date of prior full evaluation visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of any additional visits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title Date

**TABLE E: PROGRESS REPORT FOR SCHOOL OR PROGRAM IMPROVEMENT STRATEGIC PLAN**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strategic Plan – Goal Statement** | **Major Implementation Activities** | **Results of Efforts** | **Barriers to Fulfillment** | **Current Status** |
|  |  |  |  | Date Goal Set:   * In progress * Completed * New plan |
|  |  |  |  | Date Goal Set:   * In progress * Completed * New plan |
|  |  |  |  | Date Goal Set:   * In progress * Completed * New plan |

**Table F – PROGRESS REPORT Recommendations from Accreditation Visit**

|  |  |
| --- | --- |
| **Recommendation** | **School or Program Response** |
| Recommendation # \_\_\_\_\_ |  |
| Recommendation # \_\_\_\_\_ |  |
| Recommendation # \_\_\_\_\_ |  |

**TABLE B Personnel Assignments & Course Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff** | **Employment** | **Degree** | | **Certification** | | **Classes Taught** | **Endor.** | **Credit** | **Class Enroll** | **Per Week** | | **Approved course Outline** | **Approved**  **NAD**  **Textbooks** |
| **State** | **Denom.** | **Periods** | **Minutes** |
| **Name:** |  |  | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Other Assignments:** |  | **Employment Status:** | | |  |  |  |  |  |  |  |  |  |
| **Instructional Evaluation:** | | |  |  |  |  |  |  |  |  |  |
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| **Name:** |  |  |  | |  |  |  |  |  |  |  |  |  |
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| **Other Assignments:** |  | **Employment Status:** | | |  |  |  |  |  |  |  |  |  |
| **Instructional Evaluation:** | | |  |  |  |  |  |  |  |  |  |
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**TEXTBOOK AUDIT**

**Complete all information for every textbook used.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grade** | **Subject** | **Text and Publisher** | **Copyright** | **Current Textbook** | |
| **Yes** | **No** |
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If there are any textbooks listed above that are not within the NAD guideline of five years from the copyright date, explain. Include in your explanation the school or program’s plan for ongoing textbookreplacement.

Comment: