



Accreditation Recommendation Ballot

This ballot is a CONFIDENTIAL recommendation to the appropriate accrediting commission of ACSI and applicable regional accrediting agency. Please attach a supplementary sheet if there is any significant unresolved minority opinion on your team.

Date of School Visit: _____ Date Ballot Completed: _____

Name of School Visited: _____ Grades Accredited: _____

Address of School: _____

District/System (List Name if Applicable): _____

NOTE: The Commission reserves the right to grant terms of accreditation other than those below, including a recommendation for a full self- study at any time. Such action will follow a commission review of the Visiting Team Report. In the event of a formal appeal, this document may be provided to the head of school.

Please indicate the visiting team's CONFIDENTIAL recommendation for accreditation to the Regional or International Accreditation Commission. **The Commission will make the final determination.**

Accreditation for a full term.

Accreditation for a full term with a:

Progress Report

Mid-Term Visit

Please comment on the suggested purpose and timing of the progress report/mid-term visit.

Modification of the term by duration, conditions, or status.

Please explain in the box below.

Deferment of accreditation based on conditions noted in the Visiting Team Report

(only to be used for an initial accreditation visit).

(A justification/summary of deficiencies that necessitates this recommendation should accompany this recommendation.)

Denial of accreditation based on conditions noted in the Visiting Team Report.

(A justification/summary of deficiencies that necessitates this recommendation should accompany this recommendation.)

Foundational Accreditation Visit Recommendation:
(If applicable)

Foundational Accreditation

Recommendation of Candidacy

Team Chair

Team Member

Team Member

Team Member

Team Member

Team Member

Team Member

Team Member