

School Action Plan for (SCHOOL NAME)

Standard & Indicator #	Self-Study Concerns & Strategies	Target Yr	Yr Addressed	Responsible Party	Action Taken
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LCMS District: _____ School Address: _____ E-mail: _____
Street *City* *State* *Zip*

Date of most recent NLSA site visit: _____ Captain: _____ This is year **1 2 3 4** of the current cycle.

Date: _____ Principal : _____ Board Chair: _____
Signature *Signature*

When you submit this form as your Annual Report, please include below a narrative of any significant changes that have occurred in your school during each of the past years. This becomes a cumulative record.

- Year 1:
- Year 2:
- Year 3:
- Year 4:

Place cursor in appropriate box and populate with information. Then use tab key to move to next box, or from the last box to add a new row.

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