

# T.E.A.C.H. Accrediting Association

## Criteria for Accreditation

### 2017 - 2018 School Year

(Accreditation status is based upon the evaluation of this form.)

Name(s) of Parents \_\_\_\_\_ Phone \_\_\_\_\_

Name(s) & ages of Students \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

## Accreditation Checklist

Criteria with an asterisk (\*) is to be copied and submitted to their TEACH consultant at their accreditation meeting.  
The TEACH Accreditation Committee (TAC) is to verify each of the following categories initialed.

| TEACH AC<br>Verification | Consult<br>Initials | Parent<br>Initials | First Year Families complete #1-2  | TEACH AC<br>Verification | Consult<br>Initials | Parent<br>Initials |  |
|--------------------------|---------------------|--------------------|--|--------------------------|---------------------|--------------------|--|
| _____                    | _____               | _____              | 1. Application for TEACH submitted: (1st year)   | _____                    | _____               | _____              | 9. Family agrees to have _____ number of meetings with their consultant this year. |
| _____                    | _____               | _____              | 2. Educational Philosophy statement submitted. (1st year) * - copy                               | _____                    | _____               | _____              | 10. Academic Progress Forms will be completed prior to each consultant meeting.    |
| _____                    | _____               | _____              | 3. TEACH consultant: _____   | _____                    | _____               | _____              | 11. Annual Achievement Testing for students 7 - 16 yrs of age scheduled            |
| _____                    | _____               | _____              | 4. Father is the administrator of his homeschool and is responsible for his children's training. | _____                    | _____               | _____              | 12. Physical environment is orderly, well-lit, and conducive to learning.          |
| _____                    | _____               | _____              | 5. Instructional Goals forms completed * - copy (one per child)                                  | _____                    | _____               | _____              | 17. Protocol for emergency procedures has been established                         |
| _____                    | _____               | _____              | 6. Academic Goals forms completed with materials for instruction listed * - copy (one per child) | _____                    | _____               | _____              | 18. Community resources are accessible   |
| _____                    | _____               | _____              | 7. Instructional Calendar (175 days) * - copy  |                          |                     |                    |  |
|                          |                     |                    | 8. Weekly Schedule * - copy  |                          |                     |                    |  |

I hereby certify that all of the above information is verified by documents on file in the home school office or by personal observation.

Signed (Family Representative) \_\_\_\_\_ Date \_\_\_\_\_

Signed (TEACH Consultant) \_\_\_\_\_ Date \_\_\_\_\_