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| **NLSA School Action Plan** |
| **School Name:****School Address:****LCMS District:****Administrator:** **Date of Most Recent NLSA Validation Team Visit:** |
| **Accreditation Year** |  | **Initial** |  | **Year 1** |  | **Year 2** |  | **Year 3** |  | **Year 4** |  | **Year 5** |
| **Standard & Indicator Number** | **Self-Study Concerns & Strategies** | **Target School Year** | **Responsible Party** | **Action Taken** | **School Year Addressed** |
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