

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

Criteria for Accreditation

2024 - 2025 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.

Consult Initials	Parent Initials	Only first year families complete #1, #2	Consult Initials	Parent 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 _____