

**To be returned immediately to the team chair**

<b>Name:</b>		<b>Title:</b>
<b>School:</b>		<b>Country:</b>
<b>Email Address:</b>		<b>Tel:</b>

**Committee Selection:** Please check five (and only five) Committees in each part below and place a check mark in the appropriate box next to those committees indicating your first, second, third, etc. preference with “1” being your first preference

<i><b>Part I – Committees</b></i>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>A. Philosophy &amp; Objectives</b>					
<b>B. Early Childhood Curriculum</b>					
<b>B. Elementary Curriculum</b>					
<b>B. Middle School Curriculum</b>					
<b>B. Secondary Curriculum</b>					
<b>C. Governance and Management</b>					
<b>D. Staff</b>					
<b>E. Student Support Services</b>					
<b>F. Resources</b>					
<b>G. Student and Community Life</b>					
<i><b>Part II - Sub-Committees</b></i>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Language Arts 1-12</b>					
<b>Math – 1-12</b>					
<b>Science - 1-12</b>					
<b>Social Studies 1-12</b>					
<b>Information Technology 1-12</b>					
<b>Physical Education 1-12</b>					
<b>Fine Arts 1-12</b>					
<b>Foreign Language 1-12</b>					
<b>Native Language 1-12</b>					
<b>Other (IB, MYP, etc.)</b>					

<b>Experience on previous team visits (indicate whether 6<sup>th</sup> or 7<sup>th</sup> edition Guide used)</b>	
<b>Involvement in your own school’s self study</b>	
<b>Other experience relevant to accreditation process</b>	