

EVALUATION SUMMARY
FOR THE
TEAM REPORT ON NACCAS STANDARDS

Reference No. _____
Renewal Application _____
Initial Application _____
Branch Application _____
Deferral Visit _____
Low Outcome Visit _____
Candidate Visit _____
Special Visit _____

School Visited _____

NACCAS Representative _____

Date of Evaluation _____

PROGRAMS OBSERVED	CLOCK HOURS/ CREDIT HOURS	NUMBER OF STUDENTS CURRENTLY ENROLLED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMBINATION COURSES OBSERVED (if applicable)	CLOCK HOURS/ CREDIT HOURS	NUMBER OF STUDENTS CURRENTLY ENROLLED
_____	_____	_____
_____	_____	_____
_____	_____	_____

