

## SCHOOL INFORMATION FORM

Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Customer Number: \_\_\_\_\_

School Category:  Church School  Non-Church School

Course/s Offered:  Preschool  ABCs  Elementary  Junior High School  Senior High School

Total Number of Learning Center: \_\_\_\_\_

<b>CONTACT INFORMATION</b>
School Address:
Telephone Number/s:
Cellphone Number/s:
Fax Number/s:
E-mail Address/es:

<b>SCHOOL VISIT INFORMATION</b>
<div style="display: flex; justify-content: space-between;"> <span>Head Evaluator:</span> <span>Most RECENT School Assistance Visit from SOT®P (<i>Yearly Visit</i>)</span> </div>
Date:
<div style="display: flex; justify-content: space-between;"> <span>Chairman:</span> <span>Most RECENT Learning Center Visits and Evaluations (<i>Model Status</i>)</span> </div>
Date:
<div style="display: flex; justify-content: space-between;"> <span>Chairman:</span> <span>Last School Self-Evaluation (<i>Model Status</i>)</span> </div>
Date:

<b>PACE INFORMATION</b>	
School Year 2016 - 2017	
Total number of students used the SOT®P Program	
Total number of PACEs completed	
Average number of PACEs completed per student	
Average PACE Test score	

<b>SCHOOL STAFF INFORMATION</b>			
(PLEASE USE EXTRA SHEETS WHEN NEEDED)			
DESIGNATION	NAME	DEGREE	TOTAL NUMBER OF YEARS IN SERVICE
Pastor			
Administrator			
Principal			

SUPERVISOR/S			
Preschool			
ABCs			
Elementary			
Junior High			
Senior High			
MONITOR/S			
Preschool			
ABCs			
Elementary			
Junior High			
Senior High			
OTHER STAFF			

STUDENT INFORMATION	
No. of students enrolled in Preschool	
No. of students enrolled in ABCs	
No. of students enrolled in Year Level 1	
No. of students enrolled in Year Level 2	
No. of students enrolled in Year Level 3	
No. of students enrolled in Year Level 4	
No. of students enrolled in Year Level 5	
No. of students enrolled in Year Level 6	
No. of students enrolled in Year Level 7	
No. of students enrolled in Year Level 8	
No. of students enrolled in Year Level 9	
No. of students enrolled in Year Level 10	



<b>RECORDKEEPING INFORMATION</b>			
(DOES THE SCHOOL KEEP AN UP-TO-DATE RECORD OF THE FOLLOWING?)			
	YES	NO	REMARKS
Admission Register (Student Application or Application for Re-Enrolment, Standard of Conduct, Corporal Correction Release, Parent-Agreement Form, Financial Agreement, Graduation Requirement Agreement, Character Recommendation, Medical History)			
Student Permanent Record (F-137)			
Student Report Card (F-138)			
Student Progress Chart (SPC)			
Academic Projection			
Goal Check Report (GCR)			
Accident/Incident Report			
Visitor Log Book			
Parent Complaint Record			
REMARKS:			

<b>MODEL SCHOOL STATUS APPLICATION CHECKLIST</b>					
<b>Do the school staff attend/participate in the following conference/trainings/convention?</b>					
SCHOOL STAFF	CET	PATS	EdCon	PAPCon	REMARKS
Pastor					
Administrator					
Principal/s					
Supervisor/s					
Monitor/s					
Other Staff					
Total Number of Staff					
Total Number of Staff Attended or Participated					
Total Number of Staff who Didn't Attend or Participate					
REMARKS:					
<b>Do your students join student conventions?</b>					
CONVENTIONS	YES	NO	When was the last time?		

Junior Student Convention (JSC)			
National Student Convention (NSC)			
REMARKS:			
<b>Did your student take any of the CEM Exam for the last School Year?</b>			
TYPE OF TEST	YES	NO	If NO, why?
ELCOM			
CSAT			
PACT-POIS or CEM Profiler			
K-12 Achievement Test			
REMARKS:			
<b>Does the school use SOT®P's core subjects?</b>			
CORE SUBJECTS	YES	NO	What PACE numbers are you using?
English			
Mathematics			
Science			
Social Studies			
Word Building			
Literature & Creative Writing			
Bible Reading			
Filipino			
Araling Panlipunan			
REMARKS:			
<b>Does the school apply the following?</b>			
ITEMS	YES	NO	REMARKS
Diagnoses, prescriptions, and cumulative records maintained per SOT®P Procedures Manual			
Proper procedural use of the Christian and National flaglets			
Abide by the SOT®P grading system			
Goals and controls utilized per SOT®P Procedures Manual			
Learning Center procedures followed including Trail of a PACE			

Appropriate use of SOT®P forms(Supervisor’s Progress Card, Student Progress Chart, Goal Check Report, Academic Projection, Goal Card, and the Admission Register)			
Learning Center furniture specifications in adherence with the Furniture Manual.			
Use Readmaster Plus ( <i>Readmaster, Math Builder, Typemaster, and Word Builder</i> )for all students, from Levels 1 – 12, at least ONCE ( <i>TWICE for Certified Status application</i> ) a week			
School is offering Preschool until Year Level 10 and has completed three( <i>five for Certified Status application</i> ) full school years			
Student demonstrate consistent academic achievement the previous year: - Average of 72 PACE Tests per student ( <i>84 PACE Tests per student for Certified Status application</i> ) - Minimum of PACE Test passing score of 90% for PACEs 1013 – 1072 and 88% for PACEs 1073 – up			
Conduct an annual Parent Orientation program for all NEW ( <i>OLD and NEW for Certified Status application</i> )parents			
Conduct an annual Christian Education Sunday			
Have a program that actively involves students in at least one annual church program that includes student performances ( <i>for Certified Status application ONLY</i> )			
Have a weekly chapel time			
Have regularly scheduled Biblical devotions for all levels and a monthly Scripture passage and song			
Require Monthly Scripture Memorization, with eight to fifteen verses each month			
Include a quality arts and music class in the weekly schedule for Levels 1 – 10			
Include a quality writing and speech class for the high school level			
Include a regular school program which incorporates BLESS or other similar community-based service			
Conduct daily Opening Exercises ( <i>which include the giving of Congratulations Slip</i> )			
Have staff that demonstrate a positive Christian Spirit			
Establish means to regularly communicate with parents			
Use the motivation programs established in the SOT®P system			
Maintain a clean and safe facility with a quality appearance			
No outstanding balance with SOT®P			
Have at least a SATISFACTORY rating of 208 to 218( <i>GOOD rating of 219 to 234 for Certified Status application</i> ) in the recent School Assistance Visit Form			

Must have submitted the annual System of Re-enrollment Agreement (for Church or Non-Church) and Updating Form on or before August 31			
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**INTER-STAFF COMMUNICATION AND COORDINATION**  
(PLEASE USE EXTRA SHEETS WHEN NEEDED)

**Does the school have lecture classes in addition to the SOT®P program? If yes, are the programs integrated or separated? If integrated, how?**

**What kind of communication occurs between mini-class teachers and SOT®P program supervisors?**

**What kind of communication occurs between Learning Centers?**

**Who is/are responsible for setting policies in the following areas?**  
(Check as many as apply and give appropriate details)

POLICIES	SUPERVISOR	PRINCIPAL	ADMINISTRATOR	PASTOR	OTHERS <i>(Please Specify)</i>
Academic Requirements					
Academic Projections					
Honor Roll Requirements					
Discipline Procedures					
Motivation Procedures					
Handling Parent Issues					
Others <i>(Please Specify)</i>					

REMARKS:

**How often are regular staff devotions and meetings?**  
(Please mark as appropriate)

	DAILY	WEEKLY	MONTHLY	OTHERS <i>(Please Specify)</i>
Staff Devotions				
General Staff Meetings				
Individual LC Staff Meetings				

REMARKS:

<b>ENGLISH PROGRAM INFORMATION</b>		
<b>Do you offer a special English program in your school? If YES, what English program do you offer?</b>		
<b>What are the school's goals for the average graduate in English?</b> <i>(Please check only the main goal)</i>		
<input type="checkbox"/> University in English speaking country <input type="checkbox"/> University/College in the country <input type="checkbox"/> TOEFL Score <input type="checkbox"/> IELTS Score	<input type="checkbox"/> General English proficiency <input type="checkbox"/> Vocational Training <input type="checkbox"/> Bible School <input type="checkbox"/> Others <i>(Please Specify)</i>	
<b>What level of English fluency is considered "mastery" of the PACE before testing?</b> <i>(Please check one)</i>		
<input type="checkbox"/> Understanding of words <input type="checkbox"/> Remembers vocabulary	<input type="checkbox"/> Hesitant use of vocabulary in speaking <input type="checkbox"/> Fluent use of vocabulary in speaking	
ITEMS	YES	NO
Are years spent in the English program enough to accomplish the stated academic goal for graduation?		
Does the curriculum use reflect the school's academic goals and diplomas offered?		
Is the average number of completed PACEs last year adequate for the academic goal?		
Do the guidelines on homework and first language used reflect the level of mastery desired before taking the PACE Test?		
Are individual academic plans made for each student beginning in Grade 7 reflect the goals of the particular student?		
Are there alternative certificates available for transfer students who do not have time to complete the program?		
<b>What policies are in effect to ensure that transfer students are able to adapt to the Learning Center environment without compromising it?</b>		
<b>What outside factors affect the school's English program and what policies are in place regarding them?</b>		
<b>You may write your other comments on your English Program.</b> <i>(Please give more details on any answer to previous questions)</i>		



<b>ADDITIONAL INFORMATION</b>		
<b>Do you have Student and Staff Handbook where your School Policies are well-explained? If NONE, why?</b>		
<b>Do you require your staff to sign a contract? If NO, why?</b>		
<b>Do you prepare your yearly budget?</b>		
<b>What do you think are the strengths and weaknesses of your school?</b>		
<b>STRENGTHS</b>	<b>WEAKNESSES</b>	
<b>What do you think are the areas you have to improve in your school?</b>		
<b>AREAS TO IMPROVE</b>	<b>TARGET DATE</b>	<b>REMARKS</b>

I, \_\_\_\_\_,  
\_\_\_\_\_  
(NAME) (POSITION)

of \_\_\_\_\_, certify  
(SCHOOL NAME)

That **ALL** the information given in this form are **TRUE and CORRECT**.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(SIGNATURE)

\_\_\_\_\_

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(FOR SOT®P USE ONLY)

School Information Form Received by:

\_\_\_\_\_

Date Received:

\_\_\_\_\_

Information Verified and Confirmed by:

\_\_\_\_\_

Date:

\_\_\_\_\_