

**ANNUAL ACCREDITATION COMPLIANCE REPORT
 -AND-
 APPLICATION FOR CLASSIFICATION AS AN ACCREDITED ESU FOR 2019-2020
 UNDER RULE 84 (Regulations for the Accreditation of Educational Service Units)**

EDUCATIONAL SERVICE UNIT NUMBER _____

The Educational Service Unit complies with the following provisions of law and regulation and hereby applies for accreditation for 2019-2020:

Rule 84 Reference		Yes	No
003.02	Does the ESU provide core services to all member districts, including access to statewide core service initiatives as established by the ESU Coordinating Council in collaboration with the State Department of Education and requested by member districts?	<input type="checkbox"/>	<input type="checkbox"/>
003.02A	Does the ESU administrator serve as a member of the ESU Coordinating Council?	<input type="checkbox"/>	<input type="checkbox"/>
003.02A1	Did the ESU administrator or designee participate in two meetings jointly established between the ESU Coordinating Council and the Department of Education during the past school year?	<input type="checkbox"/>	<input type="checkbox"/>
003.02B	Does the ESU have staff designated to participate in professional development activities related to statewide core services initiatives and planning established during the meetings designated in Section 003.02A1?	<input type="checkbox"/>	<input type="checkbox"/>
003.03	Does the ESU provide ESU services as permitted by the ESU Act?	<input type="checkbox"/>	<input type="checkbox"/>
003.04A	Is the annual written program report on the various programs of service to schools for the past year provided to member school districts and to the Department by November 1 of each year? (Please enclose a copy of the annual written program report if not already mailed or indicate the web link to access the report electronically.) _____	<input type="checkbox"/>	<input type="checkbox"/>
003.04B	Are all informational reports as required by the Commissioner or his or her designee submitted, i.e. Personnel Report?	<input type="checkbox"/>	<input type="checkbox"/>
003.05	Has the ESU board adopted a comprehensive set of written policies in accordance with Sections 003.05A through 003.05E that govern the organization and operation of the ESU?	<input type="checkbox"/>	<input type="checkbox"/>
005.01	Does the chief administrator hold a Nebraska Administrative Certificate with an endorsement for superintendent?	<input type="checkbox"/>	<input type="checkbox"/>
005.02	Do all ESU staff who have teaching responsibilities for students hold valid Nebraska teaching certificates pursuant to 92 NAC 21?	<input type="checkbox"/>	<input type="checkbox"/>

Rule 84 Reference		Yes	No
005.02A	Are at least 90% of the teaching assignments, when computed on a full-time equivalency basis, assigned to appropriately endorsed teachers?	<input type="checkbox"/>	<input type="checkbox"/>
005. 03	Are special service certificate holders limited to providing those services specified on their Nebraska Special Services Certificate?	<input type="checkbox"/>	<input type="checkbox"/>
005.04B	Is the current evaluation policy for certificated staff approved and on file with the Department of Education?	<input type="checkbox"/>	<input type="checkbox"/>
006.02	Has the ESU conducted a comprehensive evaluation of its continuous improvement process to promote quality learning, equity, and accountability and external visit in the past five-year period?	<input type="checkbox"/>	<input type="checkbox"/>
		Update if necessary	
The date of the last on-site visitation by an external team was:		«VISIT1»	
We anticipate the next scheduled visit will be:		«Required_Next_visit»	
007.02	Has a copy of the annual audit report been provided to each member school district on request and to the Department?	<input type="checkbox"/>	<input type="checkbox"/>
008.01	Does the ESU provide core services to all member school districts in accordance with Section 008.01A through 008.01E?	<input type="checkbox"/>	<input type="checkbox"/>

We presently meet the accreditation provision in Title 92, Chapter 84 with the following exceptions:

I have referred to Rule 84 and hereby certify that to the best of my knowledge the information contained herein is correct and complete.

 Signature of Administrator
 ESU #«ESU»

 Date

Retain a photocopy of the completed, signed form.

Return the original to:

**Department of Education
 Office of Accountability, Accreditation, and Program Approval
 301 Centennial Mall South
 PO Box 94987
 Lincoln, NE 68509-4987**