School Name: ____________________________________________________________

In what academic year was your school last visited by NEASC? (Ex. 2002-2003)__________

Please see the attached NEASC accreditation Assessment Standard. Please choose one of the indicators for which you can share a "best practice" used at your school (i.e., one for which you feel your school has truly addressed that indicator.) Briefly describe that practice. In your description please include:

- A brief description of the practice as it exists today.
- The process you, as an educational leader, went through to reach that best practice.
- How you developed or accomplished it?
- Who was involved?
- Where is your school now in the implementation?

Assessment Standard Indicator # ________________

Description: ____________________________________________________________

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(over)
Please provide your contact details in the event that we need more information about the program described. (Our intention is to feature several best practices in the area of assessment in an upcoming publication by CAS to share with all Connecticut high school administrators.)

Contact Person: ___________________________ Title: ___________________________
Telephone: (______)__________ e-mail: ___________________________ Fax: ________________

Mail or Fax by February 27, 2006 to: CAS Professional Studies Committee
c/o Dennis Carrithers
30 Realty Drive
Cheshire, CT 06410
Fax: 1-203-250-1345