

Submitted by:

Click here to enter text.

**Name of Institution**

Click here to enter a date.

**Date of Submission**

Submitted to:

**National Accreditation & Equivalency Council of The Bahamas**

Tonique Williams Darling Highway & Knowles Drive

P.O. Box N-3913

Nassau, N.P., The Bahamas

**Email:** info@naecob.org

**Instructions**:

**Institutions with more than one campus must submit a report for each campus. This does not apply to comprehensive schools (Pre-Kindergarten to Grade 12) at one location.**

This annual report is to update the institution's status over the last operational year and make NAECOB aware of any changes. Please return the completed form to the office.

Only **new** information should be provided (since the submission of the last Annual Report).

This report has **seven (7) parts**: General Information, Institution Details, Institutional Statistics, Institutional National Examinations, Staff and Faculty, Governance and Signature.

All new faculty who would have obtained additional academic qualifications since the last annual report, must submit credentials/ documents to NAECOB.

**ANSWER ALL SECTIONS APPLICABLE TO YOUR INSTITUTION/ORGANIZATION.**

**PART I: GENERAL INFORMATION**

**ANNUAL REPORT YEAR**: Click here to enter text.

**NAME OF INSTITUTION**: Click here to enter text.

**TYPE OF INSTITUTION**: Click here to enter text.

**PROPRIETOR:**  Click here to enter text.

**PRINCIPAL:** Click here to enter text.

**POSTAL ADDRESS**: Click here to enter text.

**STREET ADDRESS**: Include Building Number and Subdivision

**TELEPHONE NUMBER**: Click here to enter text.

**FAX NUMBER:** Click here to enter text.

**E-MAIL ADDRESS**: Click here to enter text.

**WEBSITE**: Click here to enter text.

**PART II: INSTITUTION DETAILS**

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| 1. **LEVEL OF CURRICULA**

*(Please check all that apply)*[ ]  Department of Education Curricula[ ]  Grade Level Assessment Test (GLAT)[ ]  Bahamas Junior Certificate (BJC)[ ]  Bahamas General Certificate of Secondary Education (BGCSE)[ ]  Other Primary/ High School Curricula (*Please specify type and duration of program/course*)Click here to enter text. | 1. **TYPE OF INSTITUTION**

*(Please check all that apply)*[ ]  Early Childhood[ ]  Primary School[ ]  High School[ ]  Special Needs *(Please specify* Click here to enter text.*)*  |
| 1. **AFFILIATION/ACCREDITATION**

Are there any new agreements or renewal agreements?[ ]  **NO** [ ]  **YES** *If yes, please attach agreement.*Name of Institution: Click here to enter text.Name of Association: Click here to enter text.Period of Agreement: Click here to enter text. | 1. **POLICIES**

Please indicate if there are any **NEW** polices or if changes were made to existing policies. [ ]  **NO** [ ]  **YES** *If yes, please attach new policy(s) and/or changes made.*[ ]  Admissions Policies[ ]  Records Management Policies and Procedures[ ]  Instructional Staff Policies and Procedures[ ]  Student- Related Policies and Procedures[ ]  Administrative & Support Staff Policies |
| 1. **PHYSICAL FACILITIES**

Were there any changes/adjustments to the physical facilities of your institution? *(e.g, renovations, new classrooms, new buildings etc.)* [ ]  **NO** [ ]  **YES** *If yes, please provide more information.*Click here to enter text. | 1. **LEARNING RESOURCES**

Were there any changes/additions to the learning resources at the institution? [ ]  **NO** [ ]  **YES** *If yes, please provide more information.*[ ]  School Management System[ ]  Electronic Library[ ]  Instructional Equipment and Supplies[ ]  Multimedia ResourcesClick here to enter text. |

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| 1. **BUSINESS LICENSE**

The institution must provide a copy of a current business license to prove its legitimacy to operate and to show good standing within the requirements and regulations of The Bahamas Business Act.**Please also provide a copy of the following, where applicable:**[ ]  Business license[ ]  Memorandum of agreement[ ]  Incorporation certificate |
| 1. **FINANCE**

The institution must have the necessary financial resources, to achieve the objectives of its programmes and services, and must provide evidence that there are funds sufficient to maintain quality educational programmes and to complete the education of all students enrolled. Financial Statements and an independent auditor’s report(s) should be provided, of the total operation of the institution (as soon as possible).1. **Were there any changes to the tuition fee schedule per student?**

[ ]  **NO** [ ]  **YES** *If yes, please attach the tuition fee schedule.*1. **Were there any additional charges/sources of funding during the academic year?**

[ ]  **NO** [ ]  **YES** *If yes, please attach the tuition fee schedule.* **c. PLEASE ATTACH THE INDEPENDENT AUDITOR’S REPORT FOR THE ACADEMIC YEAR.** |
| 1. **ACADEMIC YEAR (AT-A-GLANCE)**

Elaborate on the highlights/milestones/challenges the institution would have encountered over the last year.Click here to enter text. | 1. **SUPPORTING DOCUMENTS**

List any other supporting documents.Click here to enter text. |

**PART III:** **INSTITUTIONAL STATISTICS**

**Please include number of full time students at the date when the report is signed.**

SECTION 3.I Pre-School and Primary School

SECTION 3.II High School

SECTION 3.III Faculty

 **Section 3.i– Pre-School and Primary School**

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| **NUMBER OF PRE-SCHOOL and PRIMARY STUDENTS** |
| **AGE AS OF SEPTEMBER 30TH** | **2 YEARS AND UNDER** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **OVER 11** | **TOTAL** |
| **MALE** |  |  |  |  |  |  |  |  |  |  |  |
| **FEMALE** |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |

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| **NUMBER OF STUDENTS AS OF SEPTEMBER 30TH**  | **PRE-SCHOOL** | **KINDER-GARTEN** | **GRADE** **1** | **GRADE** **2** | **GRADE** **3** | **GRADE 4** | **GRADE** **5** | **GRADE** **6** | **TOTAL** |
| **MALE** |  |  |  |  |  |  |  |  |  |
| **FEMALE** |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

 **Section 3.ii - High School**

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| **NUMBER OF HIGH SCHOOL STUDENTS****FULL TIME** |
| **AGE AS OF SEPTEMBER 30TH** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **OVER 19** | **TOTAL** |
| **MALE** |  |  |  |  |  |  |  |  |  |  |  |
| **FEMALE** |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |

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| **NUMBER OF STUDENTS AS OF SEPTEMBER 30TH** | **GRADE** **7** | **GRADE** **8** | **GRADE** **9** | **GRADE** **10** | **GRADE** **11** | **GRADE** **12** | **TOTAL** |
| **MALE** |  |  |  |  |  |  |  |
| **FEMALE** |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |

**Section 3.iii- Faculty**

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| **NUMBER OF FACULTY AS OF SEPTEMBER 30TH**  | **MALE** | **FEMALE** | **FULL-TIME** | **PART-TIME** | **BAHAMIAN** | **NON-BAHAMIAN** |
| **TOTAL NUMBER OF TEACHERS** |  |  |  |  |  |  |
| **TEACHERS ADDED TO STAFF THIS YEAR** |  |  |  |  |  |  |
| **SUPPORT STAFF ADDED TO STAFF THIS YEAR** |  |  |  |  |  |  |
| **TEACHERS WITH TEACHER’S CERTIFICATE/ DIPLOMA OF EDUCATION** |  |  |  |  |  |  |

**PART IV: INSTITUTIONAL NATIONAL EXAM STATISTICS**

Please include grades awarded of candidates who sat the National Exams. ***Please submit last academic year’s results.***

**Section 4.i Primary School – Grade Level Assessment Test- GLAT (GRADE 3)**

**Section 4.ii Primary School – Grade Level Assessment Test- GLAT (GRADE 6)**

**Section 4.iii Junior High School – Bahamas Junior Certificate (BJC)**

**Section 4. iv High School – Bahamas General Certificate of Secondary Certificate (BGCSE)**

**Section 4.A.i Primary School – Grade Level Assessment Test- GLAT (GRADE 3)** **N/A** [ ]

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| **YEAR** | **GRADES** | **TOTAL NUMBER OF CANDIDATES** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **U** |
| **20XX** | **FEMALES** |  |  |  |  |  |  |  |  |  |
| **MALES** |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

**Section 4.A.ii Primary School – Grade Level Assessment Test- GLAT (GRADE 6) N/A** [ ]

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| **YEAR** | **GRADES** | **TOTAL NUMBER OF CANDIDATES** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **U** |
| **20XX** | **FEMALES** |  |  |  |  |  |  |  |  |  |
| **MALES** |  |  |  |  |  |  |  |  |  |
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**Section 4.iii Junior High School – Bahamas Junior Certificate (BJC) N/A** [ ]

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| **YEAR** | **GRADES** | **TOTAL** **NUMBER OF CANDIDATES** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **U** |
| **20XX** | **FEMALES** |  |  |  |  |  |  |  |  |  |
| **MALES** |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

**Section 4.iv High School – Bahamas General Certificate of Secondary Certificate (BGCSE) N/A** [ ]

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| **YEAR** | **GRADES** | **TOTAL NUMBER OF CANDIDATES** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **U** |
| **20XX** | **FEMALES** |  |  |  |  |  |  |  |  |  |
| **MALES** |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

**PART V: STAFF AND FACULTY**

**Section A: Administrative and Support Staff**

The Institution has qualified administrative officers with the experience and competence to lead the institution. Should academic credentials and previous experience not reflect an alignment with the current or proposed position, justification for the appointment must be given.

* Update table to include information for **NEW HIRES ONLY** since last annual report submission.

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|  **ADMINISTRATIVE AND SUPPORT STAFF** **New Hires Only** |
| **NAME** | **NATIONALITY** | **QUALIFICATIONS****UNIVERSITY DEGREE/ DIPLOMA** | **AREA OF RESPONSIBILITY** | **FULL-TIME OR****PART-TIME** |
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**Section B: Faculty**

Please include copies of certificates/degrees and other relevant documentation from the last Annual Report for **ALL NEW HIRES.**

*Please note that a full-time administrator who teaches, is not considered full-time faculty.*

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| **FACULTY/ INSTRUCTIONAL STAFF** **New Hires Only** |
| **NAME** | **MALE** | **FEMALE** | **NATIONALITY** | **QUALIFICATIONS** | **YEARS AND TYPE OF EXPERIENCE** | **SUBJECT(S) TAUGHT** | **FULL-TIME OR PART-TIME** | **TOTAL TEACHING LOAD IN HOURS PER WEEK** |
| **UNIVERSITY DEGREE** | **DIPLOMA** | **TEACHER’S CERTIFICATE** |
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**Section C: Current Faculty**

Please **attach** a copy of your current staff list and ensure that it includes supply teachers, itinerant teachers and teacher’s aides.

**Section D: Faculty & Administrative Staff No Longer Employed**

Please include the information for all faculty and administrative staff who have not returned since the **LAST** Annual Report.

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| **TEACHERS AND ADMINISTRATIVE/SUPPORT STAFF NO LONGER EMPLOYED** |
| **NAME** | **SEX** | **NATIONALITY** | **POSITION** | **YEAR(S) EMPLOYED** | **FULL-TIME OR PART-TIME** | **REASON FOR LEAVE** |
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**PART VI: GOVERNANCE**

Governance: Please include names of persons on your Board of Directors.

The Institution’s Governing Board must comprise a minimum of five (5) persons with specific authority over the institution and is an active policy-making body. The Board should ultimately be responsible for ensuring that financial resources are adequate to provide sound educational curricula. The CEO/President cannot be the Chair of the Board.

Should there be no changes to Board Members, **one letter signed** by each Board Member verifying continued acceptance in their role on the Board should be submitted. (If applicable)

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| **BOARD OF DIRECTORS** |
|  | **NAME** | **OCCUPATION** | **TENURE** |
| 1 |  |  |  |
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**PART VII: SIGNATURE**

SIGNATURE ATTESTING TO COMPLIANCE

Click here to enter text.(**Name of Institution**) has provided complete and accurate disclosure of information and has attached a complete and accurate listing of all curricula offered by the institution and all substantive changes, the location of the curricula and the modes of delivery of curricula.

Signature of CEO: Date: Click here to enter a date.

Signature of Proprietor: Date: Click here to enter a date.

Signature of Principal/President/Director: Date: Click here to enter a date.

**Please return completed form to:**

**The National Accreditation and Equivalency Council of The Bahamas (NAECOB)**

**Tonique Williams Darling Highway & Knowles Drive**

**P.O. Box N-3913**

**Nassau, N.P., The Bahamas**

**Telephone: 328-8872/3**

**Email:** **info@naecob.org**