

# SSAC Diagnostic Visit Application

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

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX \_\_\_\_\_ Email \_\_\_\_\_

Operating LCMS Congregation(s) \_\_\_\_\_

City / State \_\_\_\_\_

## Primary contact person:

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

FAX \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

We, the undersigned, on behalf of the school and congregation(s) listed above,

☐ desire the SSAC diagnostic visit and an ongoing consultant visit with the option of two additional consultant visits over an 18 month period

☐ are willing to address the recommendations of the diagnostic team in developing our plan for improvement

☐ will provide the leadership to implement change.

Signature of Pastor(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

Signature of Board Chair \_\_\_\_\_ Date \_\_\_\_\_

Signature of Congregation Chair \_\_\_\_\_ Date \_\_\_\_\_

**Attach the following required information.**

1. The school budget and expenditures for the past three years.
2. Enrollment by grade (age) for the past five years.
3. LCMS school statistics reports for the past year and additional two successive years, if available.
4. LCMS Lutheran Annual Forms for the past year and additional two successive years, if available.
5. A two-page narrative written and signed by the primary contact person describing:
  - . why SSAC services are requested
  - . what you hope to gain as a result of the diagnostic visit
  - . current difficulties, problems, and frustrations.

Submit this completed application and attached documents to your LCMS District leader with responsibility for services to Lutheran elementary schools.

**To be completed at your LCMS District office**

**Comments:**

Signature \_\_\_\_\_ Name (printed) \_\_\_\_\_

District \_\_\_\_\_ Date \_\_\_\_\_

**Send signed application and attached materials to:**

The Lutheran Church-Missouri Synod  
Congregational Services – School Ministry  
1333 South Kirkwood Road  
St. Louis, Missouri 63122-7295  
314-996-1294  
Fax 314-996-1124