



**PrintED ANNUAL STATUS REPORT  
Accredited Program**

Date \_\_\_\_\_

Lead Instructor \_\_\_\_\_ Title \_\_\_\_\_

School/Institution \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Additional Instructors \_\_\_\_\_

Program Director/Principal \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Accreditation expiration \_\_\_\_\_

Number of students in the program \_\_\_\_\_

Type of Program

- High School (Comprehensive-Public)
- High School (Career Center or Career & Technical Center)
- High School (Private)
- Technical College
- Community College
- Correctional Facility
- Other \_\_\_\_\_

Accreditation Areas:

- |   |  |
|---|--|
| <input type="checkbox"/> Introduction to Graphic Communications | <input type="checkbox"/> Digital Production Printing       |
| <input type="checkbox"/> Advertising & Design                   | <input type="checkbox"/> Offset Press Operations           |
| <input type="checkbox"/> Binding and Finishing                  | <input type="checkbox"/> Screen Printing Technology        |
| <input type="checkbox"/> Digital File Output                    | <input type="checkbox"/> Advanced Digital File Preparation |
| <input type="checkbox"/> Digital File Preparation               | <input type="checkbox"/> Advanced Offset Press Operations  |

- The current lead instructor has submitted an Instructor Data Form to GAERF and has been approved as a PrintED instructor.

Yes       No

- The 2010 PrintED Competencies are being incorporated into the curriculum.

Yes       No

- Does this program have articulation agreements with any post-secondary institutions, colleges or universities?

Yes       No

If yes, provide the following information:

School \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- List any currently held industry-related memberships (e.g., IGAEA, Printing Industries of America, etc.).

\_\_\_\_\_

- List the graphic communications workshops or courses attended by the instructor(s) in the past year. A minimum of six contact hours in graphic communications is required. (INCLUDE DOCUMENTATION)

\_\_\_\_\_

*Title* *Date*

\_\_\_\_\_

*Title* *Date*

- Does the program's Advisory Committee meet at least once a year?

Yes       No

Meeting date(s): \_\_\_\_\_

- Industry Advisory Committee Members (Attach a list or complete the information below).

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

- Number of PrintED graduates \_\_\_\_\_
- Of these graduates, the number of individuals placed in graphic communications/printing jobs \_\_\_\_\_
- Of these graduates, the number of individuals pursuing further graphic communications education \_\_\_\_\_

If applicable:

- Complete the attached *Graduate Information* listing individuals from the accredited PrintED program that have secured positions in a printing or graphics communications company.

\_\_\_\_\_  
 Signature (*Director/Principal*) Date

\_\_\_\_\_  
 Signature (*Instructor*) Date

## PrintED GRADUATE INFORMATION

\*DUPLICATE AS NEEDED

The following individuals have graduated from the \_\_\_\_\_  
PrintED-accredited program.

Name \_\_\_\_\_  
 Employed       Continuing Education       Military       Other  
Company/School \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_  
 Employed       Continuing Education       Military       Other  
Company/School \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_  
 Employed       Continuing Education       Military       Other  
Company/School \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_  
 Employed       Continuing Education       Military       Other  
Company/School \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_  
 Employed       Continuing Education       Military       Other  
Company/School \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_  
 Employed       Continuing Education       Military       Other  
Company/School \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mail or fax to:      Graphic Arts Education and Research Foundation  
1899 Preston White Drive  
Reston, VA 20191-4367  
Phone: (703) 264-7200      Fax: (703) 620-3165