

PrintED[®] ANNUAL STATUS REPORT
Applicant 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 _____

Expiration date for accreditation completion _____ Number of students in the program _____
(18 months from date of application)

- 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 _____

Applying for accreditation in these areas:

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

- The lead instructor has changed since the program applied for PrintED accreditation.
 Yes No
- The PrintED instructor(s) has submitted PrintED *Instructor Information* documents to GAERF.
 Yes No
- As required, list any currently held industry-related memberships (e.g., IGAEA, GATF, PIA, 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)

<i>Title</i>	<i>Date</i>
<i>Title</i>	<i>Date</i>

- The 2006/2007 PrintED Competencies available on the provided CD are being incorporated into the curriculum.
 Yes No

• Evaluation Team Leader _____

- The Evaluation Team Leader has successfully served as a mentor since the accreditation process was begun.
 Yes No

• The most recent contact made with the Evaluation Team Leader was on _____.

Comments _____

- An on-site facility inspection has taken place. Yes Date _____ No
- A final evaluation is scheduled to take place. Yes Date _____ No
- Does the program's Advisory Committee meet at least once a year?
 Yes No

Dates the meetings were held during the current school year _____

- 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 _____

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Address _____
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Phone _____ Fax _____
E-mail _____

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

Signature (*Director/Principal*)

Date

Signature (*Instructor*)

Date

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