

NATIONAL COUNCIL FOR ACCREDITATION OF TEACHER EDUCATION
REJOINDER COVER SHEET

SUBMITTED TO:

(Name of Professional Association)

SUBMITTED BY:

(Name of Institution)

(Address)

(Address incl. city, state, zip)

INSTITUTION VISIT DATE (Semester/Year): _____

DATE OF REJOINDER SUBMISSION: _____

CHIEF COMPILER:

(Please include title.)

PHONE & FAX NUMBER: _____

E-MAIL ADDRESS:

Which programs are addressed in this rejoinder?

Program:

Degree Level:

Checklist of materials to be enclosed with this rejoinder:

- _____ Copy of most recent SPA report for each program being rejoined. (***This must be included.***)
- _____ Response to each standard or part of standard not met as stated in the SPA report, including any documentation requested by the SPA report.
- _____ Response to each cited program weakness (as applicable).
- _____ Appendices that support any requests for reconsideration of the SPA's judgments. (*The appendices should be cross-referenced to the main text of the rejoinder.*)

Rev. 6/01

*Please submit a *SEPARATE* cover sheet with each rejoinder.
All rejoinders **MUST** be submitted to the NCATE office.
ATTN: Coordinator of Program Review.*