

## ARJE Accreditation Application Form

Please complete those questions in this form which specifically apply. If there is insufficient space to respond to any particular section, please use a separate sheet of paper to complete your reply and attach to this application. Return this entire form to:

**MS. MARLENE MYERSON, M.Ed., RJE  
CO-CHAIR, ARJE ACCREDITATION COMMITTEE  
37 BANFF ROAD  
TORONTO, ONTARIO, CANADA M4S 2V6  
Home (416) 484-0014 Fax (416) 482-5177  
Email- mmyerson@rogers.com**

Institution \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Type(s) of Educational Programs in your institution (check all that apply):

\_\_\_ Early Childhood Education                      \_\_\_ Day School                      \_\_\_ Adult

\_\_\_ Supplementary Religious Education                      \_\_\_ Camp

Other (specify) \_\_\_\_\_

Which of these programs are you seeking to accredit?

\_\_\_\_\_

**ARJE  
Educator(s)** \_\_\_\_\_

**Accreditation Committee  
Chairperson(s)** \_\_\_\_\_

**Education Committee  
Chairperson(s)** \_\_\_\_\_

**Institution**

President \_\_\_\_\_

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**Please list all other full-time (or primary) professional staff with their titles (i.e. Rabbi, Cantor, and Administrator) and when they started at your congregation:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Please list all full or part-time administrative or supervisory educational staff, their titles and their areas of supervision:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Please answer the following questions in terms of the program(s) you wish to accredit:**

**Number of families served by your institution** \_\_\_\_\_

**Number of students served by your educational program(s)** \_\_\_\_\_

**Size of Jewish community in your area** \_\_\_\_\_

**Number of teachers** \_\_\_\_\_ **Number of youth advisors** \_\_\_\_\_

**Number of classrooms** \_\_\_\_\_

**Does your educational program utilize multiple sites?** \_\_\_\_\_

**How many?** \_\_\_\_\_

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**1. Describe the structure of your religious education program (i.e. grades/ages of students, days they meet, hours, location, etc.)**

**2. What is the approximate amount of your religious education budget, including the Educator's salary and educational staff salaries \$\_\_\_\_\_**

**3. What are the responsibilities of your education committee (or equivalent)?**

**4. What resources does your institution have access to in your congregation or community?**

- Central Agency
- Teacher Resource Center
- Educators' Council
- Jewish Family Services
- Community Teacher Training
- Jewish College or Jewish Studies Department at local university
- Local Jewish day school(s)
- Jewish Day or overnight camps
- Jewish or Holocaust Museum(s)
- Other (specify)\_\_\_\_\_

**5. When examining your program, of what are you most proud?**

**6. What needs the most improvement?**

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**Through the Association for Reform Jewish Educators (ARJE), our institution is committing to a self-evaluation study of our religious education program(s) involving synagogue professionals and/or other Jewish professionals, teachers, education committee members, parents and students.**

**Upon completion of our written study, we would like to apply for Accreditation by the Association of Reform Jewish Educators. This will involve bringing in two (2) ARJE Educators as a visiting team to observe the education program and to meet with staff, institution leaders, parents, and students over a period of approximately two to three days.**

**We understand that the cost to the institution is \$1500, which includes transportation, meals and lodging of the ARJE visiting team.**

**Signatures:**

**ARJE Educator(s)** \_\_\_\_\_

**Date** \_\_\_\_\_

**Clergy** \_\_\_\_\_

**Date** \_\_\_\_\_

**Education Committee Chair(s)** \_\_\_\_\_

**Date** \_\_\_\_\_

**Accreditation Committee Chair(s)** \_\_\_\_\_

**Date** \_\_\_\_\_