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? _____________
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?
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 ______________