



**PARAPROFESSIONAL ~ EISENHOWER COOPERATIVE ASSISTIVE TECHNOLOGY AWARD
NOMINATION FORM**

PLEASE SUBMIT BY FEBRUARY 8, 2019 ~ PDF FORM-FILLABLE

AT Paraprofessional's Name: _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____ **Work Phone:** (____) _____

School: _____ **Program Name:** _____

Address: _____ **Phone:** _____

Principal's Name: _____ **Phone:** _____

Superintendent's Name: _____ **Phone:** _____

Special Education Director's Name: _____ **Phone:** _____

Please answer the questions thoroughly and as completely as possible in order to help the selection committee to become familiar with the paraprofessional nominee and to understand his/her accomplishments. Use additional pages if needed.

Please specify and/or list the nominee's years of experience:

Please share one or more success stories in which the nominee has used their duties and responsibilities to make a significant impact on a student's academic life.

Why do you believe this individual should be recognized for his/her achievement in the area of AT?

Please attach two (2) letters to substantiate the nominee's success or impact on children with disabilities. (One letter should be from a parent. The other letter can be from an administrator, other staff member, or peer that is familiar with the nominee's expertise and dedication.)

Nominating Professional's Name: _____ **Title:** _____

Signature: _____ **Phone:** _____

**PLEASE SUBMIT THIS FORM AS PART OF THE COMPLETED PARAPROFESSIONAL NOMINATION PACKET
BY FEBRUARY 8, 2019.**

Mail or fax, completed packets to: Mrs. Catherine Kushner, Eisenhower Cooperative, 5318 West 135th Street, Crestwood, IL, 60445
Fax: 708-389-7584 Phone: 708-389-7580 ext. 231