

PROFESSIONAL ~ EISENHOWER COOPERATIVE ASSISTIVE TECHNOLOGY AWARD
NOMINATION FORM

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

AT Professional'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:

Four horizontal lines for listing 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.

Four horizontal lines for sharing success stories.

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

Four horizontal lines for explaining recognition.

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 PROFESSIONAL NOMINATION PACKET BY FEBRUARY 8, 2019.