



**Eisenhower Cooperative Outstanding Assistive Technology
Student Achievement Nomination Form**
Please Submit by February 8, 2019 ~ PDF Form-Fillable

Student's Name: _____ **Age:** _____ **Gender:** _____

Student's Home Address: _____ **City:** _____ **Zip:** _____

Student's Home Phone: _____ **Student's Diagnosis or Description of Disability:** _____

School (attending) Name and Address: _____ **District:** _____

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

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

Special Education Coordinator: _____ **Phone:** _____

Special Education Teacher(s) and IEP Team Members:

Regular Education Teacher(s): _____

Nominee's Mother's Name: _____ **Phone:** _____

Nominee's Mother's Address: _____

Nominee's Father's Name: _____ **Phone:** _____

Nominee's Father's Address: _____

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

1. Please describe the assistive technology that the student uses: list the names of specific tools, devices, and/or software: _____

2. Please describe the impact that the technology has had on the student's accomplishments: _____

3. As a result of using the technology, have the student's accomplishments extended beyond the school day? _____ Please explain: _____

4. How long has the student worked to achieve these accomplishments? _____

5. What progression towards independence and/or personal challenges has the student overcome through technology? _____

6. Please share why you are nominating this student: _____

7. Please list some of the learner's hobbies and personal interests: _____

Nominating Professional:

Name: _____ **Position:** _____ **Phone:** _____ **Email:** _____

School Name: _____ **Address:** _____ **City:** _____ **Zip:** _____

PLEASE SUBMIT THIS FORM AS PART OF THE COMPLETED STUDENT NOMINATION PACKET BY February 8, 2019.