 

**Annual Excellence in Education
Recognizing Students with Disabilities, Peers and Educators Awards
*2017 Nomination Form***

The State Support Team Region 3 (SST-3), in partnership with the Educational Service Center of Cuyahoga County (ESC-CC), is seeking to recognize and celebrate the accomplishments and achievements of students with disabilities, peers who have built meaningful relationships with them and outstanding educators who instruct and/or support their learning. **All nominees** will be recognized at an awards celebration on **Friday, May 5, 2017 from 9:00 am - 10:30 am (registration and breakfast begin at 8:00 am). Location: Woodside Event Center at St. Michael’s, 5025 Mill Road, Broadview Hts., OH 44147.** Nominations are currently being accepted for the following categories:

1. **Outstanding Student Achievement Award** – recognizes, celebrates and honors students with disabilities and acknowledges their outstanding achievements, both academic and non-academic. (Nominees must be students – ages 3-21 and enrolled in a school program)
2. **Outstanding Peer Achievement Award** – recognizes, celebrates and honors student peers who have established meaningful relationships and are exemplary role models for others.
3. **Outstanding Educator Achievement Award** – recognizes, celebrates and honors educators (including administrators, general education teachers, intervention specialists, and related service staff) who have provided exemplary instruction and creative programming that promotes educational results for students with disabilities.

**General Guidelines**

1. Information must be typed.
2. Each nominee is only eligible to be recognized for one category.
3. **Districts may submit only 1 nomination per category**.
4. Nominees must either live and/or work in Cuyahoga County.
5. School-age, for the purpose of these awards, is defined as ages 3-21.
6. The selection committee will not review any applications that are not complete by the deadline.
7. Photos, news clippings, CDs etc., that help support the nomination are encouraged and may be submitted. **None** of the materials submitted will be returned.

**Nominees should be students, peers and educators who:**

1. Provide support in a manner which has expanded and improved the opportunities for children and youth with disabilities in the school or general community.
2. Demonstrate personal qualities, values and characteristics that promote positive relationships for children and youth with disabilities.
3. Demonstrate sensitivity and understanding about the unique needs and potential of children and youth with disabilities.
4. Recognize that a disability does not define an individual.

***The deadline for submission is MARCH 24, 2017***

***Return completed form and narrative to your district’s Director of Pupil Services***

**Each Director of Pupil Services will submit one final nomination for each category no later than March 24, 2017 to:**

**Theresa Richardson, SST3
Excellence in Education Awards
ESC of Cuyahoga County
6393 Oak Tree Blvd., Independence, OH 44131**
Fax: (216) 446-3829 or Theresa.richardson@esc-cc.org
Email: Theresa.Richardson@esc-cc.org
for information: (216) 446-3818

**Section A: Category** (please check one)

* **Student Achievement**
* **Peer Achievement**
* **Educator Achievement** (please check one below)
	+ Administrator
	+ General education teacher
	+ Intervention specialist
	+ Related services staff

 **Section B: Identification** (please type information)

**INFORMATION ABOUT NOMINEE:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Student/Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (required)

If student please list student’s primary teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If student or peer nominee, please include:

Parent(1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION ABOUT NOMINATOR:**

Nominator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NARRATIVE:**

Please type a narrative describing the nominee’s outstanding achievement, in less than 3 paragraphs, including the items of importance. Please number to coincide with the following:

1. Briefly state the reason(s) for your nomination (describe):

1. Please describe the nominee’s outstanding achievement? Focus on what is exceptional.

**For office use only**

**Date rec’d: \_\_\_\_\_\_\_\_\_**