



Region 2 State Support Team/ESCLC



R. A. Horn

Student Achievement Award 2010 Guidelines for Nomination



Purpose:

The purpose of this award is to acknowledge outstanding achievements of students with disabilities in the Northern Ohio Region (Erie, Huron and Lorain County).

Background:

In today's media driven society, we often hear many negatives about the youth who make up our communities. It is wonderful to be able to offer an alternative viewpoint by recognizing young people in our area who are achieving success, and at the same time overcoming challenging obstacles to achieve their goals. The Region 2 SST/ESCLC Quality Task Force would like your help in identifying students with disabilities who exemplify excellence so that we can acknowledge their accomplishments.

Guidelines:

1. Nominees must be of school age (5-21) and enrolled in a school program for the 2009-2010 school year.
2. Each applicant must be nominated by **two educators**. In addition, the nominee may select a personal friend or family member to complete an optional nominator form.
3. Each nominee is eligible in only **one category**.
4. Each nominator must complete a nomination form (see attached) and should provide specific information about the nominee in a **typed essay**. **The nominator will be invited to attend the May 26, 2010 Ceremony and will introduce the student with a short speech if they are selected for the award.**
5. A recent photo (jpg), videos, news clippings, original works of art, etc. that help support the nomination are encouraged and may be submitted by mailing to ATTN: Moira Quality Task Force. Please clearly label any of these items. Artifacts will not be returned. Videos will be returned if marked with return address label. A recent photo (jpg) will need to be e-mailed to Moira if the student is an award recipient.
6. Nominations, must be received by the Task Force **no later than March 11, 2010**.
7. Each nomination **MUST** be accompanied by a completed "Participation Release Form" signed by the nominee's parents or legal guardian/custodian. Nominators and nominees will be advised of further activities and timelines.
8. All nominees will be notified of their status the last week of April.

Presentation of Award: The award will be presented to the recipient at the May 26, 2010 "Catch a Shining Star" Awards Luncheon at the ESC of Lorain County.

RETURN NOMINATION TO:

Region 2 SST/ESCLC Quality Task Force
c/o Moira Erwine
1885 Lake Avenue
Elyria, OH 44035
Fax: 440-324-7355

MUST BE RECEIVED NO LATER THAN March 11, 2010.

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Student Achievement Award
Student Nomination Form 2010

Section A: Identification

School District _____

Information about Nominee (student)

**The people listed below will be invited to attend the May 26, 2010 luncheon if the student is selected. If there are blanks it is assumed that those particular individuals will not be invited to attend the luncheon.*

Student's Name _____ Age _____ Disability _____

Address _____ Phone _____

City/State/Zip _____

Parent(s) Names _____ Phone _____

School Attending _____ County _____

Superintendent _____ Phone _____

Address _____

City/State/Zip _____

School Residence _____ County _____

Principal _____ Phone _____

Address/City/Zip _____

Child's Special Education Teacher _____ Phone _____

Address/City/Zip _____

Child's General Education Teacher _____ Phone _____

Address/City/Zip _____

District Special Education Supervisor _____ Phone _____

Address/City/Zip _____

District Work Study Coordinator _____ Phone _____

Address/City/Zip _____

Job site Supervisor _____ Phone _____

Address/City/Zip _____

Personal Friend/Family Member _____ Phone _____

Child's Service Provider _____ Phone _____

Address/City/Zip _____

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Nomination Form

Section B: Category of Achievement (check one area)

- Academics** achievement in content such as math, science, reading/literacy, social studies, communication, foreign languages, etc.
- Arts** achievement in a particular medium such as music, art, drama, dance, or written expression, etc.
- Athletics** achievement in motor skills or a particular athletic activity through a setting such as intramurals, Special Olympics, or physical education classes.
- Community Service** contributions to the community through activities such as volunteer work, youth work, clean up campaigns, etc.
- Employment** achievement through work experience in a workshop settings as well as the competitive job market.
- Extracurricular Activity** achievement in organized activities within the school or through groups such as Boy/Girl Scouts, church, sports or other activities.
- Independent Living Skills** achievement in mastering activities for daily living such as personal hygiene, cooking, dressing , use of public transportation, etc.

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Nominator Form (for Educator to Complete)

Information about the Nominator	Please PRINT
Name_____	
Relationship to Nominee_____	
Address_____	
City/State/Zip_____	
Phone_____	E-mail_____
Signature of Nominator_____	
<i>*Please plan on attending the May 26, 2010 "Catch a Shining Star" Awards Luncheon and introducing the student at ESC of Lorain County if the nominee is selected.</i>	


Guidelines for the typed ESSAY

In a maximum of two typed pages, please describe the nominee's achievement.

The Quality Task Force will review this nomination for the following information:

- Describe the extent of the nominee's disability
- Provide details about the achievement including the duration of involvement in the category of achievement and the setting in which it occurred.
- Describe the impact this achievement had on the student.
- Describe the influence this achievement has on others.

Use specific examples and be as descriptive as possible to provide the review team with a clear picture of the nominee and his/her accomplishment.



Please attach your final, typed essay to this form.

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Nominator Form (for 2nd Educator to Complete)

Information about the Nominator	Please PRINT
Name_____	
Relationship to Nominee_____	
Address_____	
City/State/Zip_____	
Phone_____	E-mail_____
Signature of Nominator_____	
<i>*Please plan on attending the May 26, 2010 "Catch a Shining Star" Awards Luncheon at the ESC of Lorain County if the nominee is selected.</i>	


Guidelines for the typed ESSAY

In a maximum of two typed pages, please describe the nominee's achievement.

The Quality Task Force will review this nomination for the following information:

- Describe the extent of the nominee's disability
- Provide details about the achievement including the duration of involvement in the category of achievement and the setting in which it occurred.
- Describe the impact this achievement had on the student.
- Describe the influence this achievement has on others.

Use specific examples and be as descriptive as possible to provide the review team with a clear picture of the nominee and his/her accomplishment.



Please attach your final, typed essay to this form.

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Optional:

Nominator Form (for Personal Friend/Family Member to Complete)

Information about the Nominator	Please PRINT
Name_____	
Relationship to Nominee_____	
Address_____	
City/State/Zip_____	
Phone_____	E-mail_____
Signature of Nominator_____	
<i>*Please plan on attending the May 26, 2010 "Catch a Shining Star" Awards Luncheon at the ESC of Lorain County if the nominee is selected.</i>	

Guidelines for the typed ESSAY

In a maximum of two typed pages, please describe the nominee's achievement.

The Quality Task Force will review this nomination for the following information:

- Describe the extent of the nominee's disability
- Provide details about the achievement including the duration of involvement in the category of achievement and the setting in which it occurred.
- Describe the impact this achievement had on the student.
- Describe the influence this achievement has on others.

Use specific examples and be as descriptive as possible to provide the review team with a clear picture of the nominee and his/her accomplishment.



Please attach your final, typed essay to this form.

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Student Achievement Form Award 2010

Participant Release Form

Name of Participant _____

Type or print name exactly as to be published and inscribed on trophy

Address _____

City/State/Zip _____

Phone _____

I, _____, as parent or legal guardian of

Parent/Guardian Name

_____, authorize the _____

Child's Name

School District Name

School District and the Region 2 State Support Team/ESCLC and/or their authorized agents to release publicly my child's name, use videotapes, photographs, and otherwise publish or cause to be published any information relevant to his/her achievements supporting his/her selection for recognition of outstanding achievement. This information may be used in local, state, or national publications of the agencies listed above as well as released to appropriate newspapers and/or news publications.

I authorize release of the above information for the purposes stated.

Signature _____ Date _____

Address _____

City/State/Zip _____

Phone _____