Macomb Intermediate School District

Macomb Intermediate School District
Parent Advisory Committee

"MAKE A DIFFERENCE" AWARD

2016 Nomination Form

The **"Make a Difference" Award** is given on an annual basis to individuals who have made a significant positive impact on the educational experience of a special needs student. **The nominee must be presently employed by a school district within Macomb County or the MISD**. As parents, we feel that it is important to recognize these people who have had a positive effect on the lives of our children.

Please consider the following criteria when completing your nomination. The candidate for this award must have the following characteristics, but is not limited to:

- Communicate with you as a parent
- Excite students to reach their maximum potential
- Meet your child's individual needs
- Help to increase your child's self-esteem
- Demonstrate team member skills

Criteria supporting the nominee
must accompany all nominations!
Describe in detail the impact this special person has had on your child's educational experience.

You may nominate a teacher, paraprofessional, support personnel (OT, PT, social worker, psychologist, speech pathologist) or any school personnel who is involved in your child's education.

Questions? Contact anyone listed below:

Nancy Crampton
PAC Leadership Team
ncrampton@gmail.com

Denyeal Nesovski
PAC Leadership Team
denyealnesovski@gmail.com

Shelley Petty
PAC Leadership Team
Luvbugsmom@gmail.com

Bill Wayland
PAC Leadership Team
billwayland@me.com

Monika DeLuca
Special Education Management Services
MISD
mdeluca@misd.net

NOMINATION FORM

(Must be completed along with supporting criteria document. Recommendation letter optional.)

NOMINEE

Name of **NOMINEE**

Position of Nominee (SE teacher, parapro, etc.)

Nominee works at **(PLEASE CHECK ONE)**: ☐MISD ☐Elementary ☐Middle School ☐High

District

School/Building Name

NOMINATED BY

Nominated By

Address Email

City & ZIP Code Telephone Number

Does your child have a current IEP or IFSP in effect? ☐ **Yes** ☐ **No**

TO NOMINATE, PLEASE:

☐ **Complete this page and the required supporting criteria form (attached)**

☐ **Return both the nomination form *and* supporting criteria by Friday, February 5, 2016**

By sending to:

Monika DeLuca
Special Education Management Services
Macomb ISD
44001 Garfield Road
Clinton Twp., MI 48038

DEADLINE: February 5, 2016

Criteria for Make A Difference Award Nominee

In order to best assist the PAC Leadership Team in their selection of this year's Make a Difference Award winners, please provide *detailed examples* of how your nominee qualifies in the following areas:

1. Communication with parent(s)_____

2. Helps child reach maximum potential & meets their needs _____

3. Increases child's self-esteem_____

4. Displays team member skills_____

***Please provide any additional supporting comments in regard to your nominee and how he/she has made a significant positive impact in your child's educational experience: _____**

***You may use additional sheets of paper, as *your response is not limited* by this form.**