**To be eligible, the nominee MUST be a current member of KASP.**

**To be eligible for consideration the current calendar year**

**requires receipt of nomination by September 15th.**

**KANSAS ASSOCIATION OF SCHOOL PSYCHOLOGISTS**

**Nomination Form for School Psychologist of the Year**

Instructions: The following form is essentially an outline to aid you in providing the KASP Selection Committee with appropriate information regarding the individual that you have nominated for School Psychologist of the Year. We have tried to cover the significant areas in this form, but please feel free to provide the information in the manner that you feel will best communicate the importance of your nominee. In the past, many nominators have included letters of recommendation. The information may be e-mailed to KASP’s Communications Director:

Mandy Cundy

mandycundy.schoolpsych@gmail.com

3933 N Watercress Ct.

Maize, KS 67101

316-204-2683

Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed by:\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Educational Background / Significant Life Events: Please describe the nominee's educational background (schools attended, degrees earned), anything which might be significant from the history of this individual.

2. Job Related Activities: Please list and/or describe special projects, committee work, unique practices, activities, etc. that the nominee is involved in as a part of, or related to their job situation.

3. Professional Activities: Please list and/or describe activities regarding the promotion of school psychology / mental health practice by the nominee, e.g. organizational involvements.

4. Community Activities: Please list and/or describe activities regarding the nominee's involvement regarding the promotion of mental health in the wider context of community.

5. Research / Publication Activities: Please list and/or describe any relevant research and/or publications produced by the nominee.

6. The Nominee as a Person: Please describe some personal reasons regarding you belief why this individual should be honored by his/her colleagues, e.g. perhaps this individual has had an influence on your life, you may have respect for him/her by the way he/she conducts himself/herself professionally, etc.