



DOWN SYNDROME ASSOCIATION OF ORANGE COUNTY

CHANGING PERCEPTIONS - CHANGING LIVES

www.dsaoc.org

All nominations are due by Wednesday, May 9, 2018

Educator of the Year Nomination Packet for 2017-2018

Down Syndrome Association of Orange County (DSAOC) "Educator of the Year" Recognition & Award Program

Join DSAOC as our "Educator of the Year" Recognition & Award Program enters its 19th year of celebrating teachers, therapists, aides and administrators who have made a difference for our loved ones with Down syndrome.

Eligibility requirements:

- To be eligible for DSAOC's Educator of the Year Award, nominations must be for an educator/education team/therapist/therapy team that is in Orange County or nearby surrounding areas. If you have questions, or would like to confirm eligibility, please call the DSAOC Center at 714-540-5794.
Nominations need to be mailed, faxed or hand-delivered to the DSAOC Center no later than Wednesday, May 9, 2018.



Recognition and Awards:

- ALL nominees will receive a letter of recognition from DSAOC.
The Educator(s) of the Year will receive a plaque, as well as recognition during a celebration at the school/center. Their name(s) will be placed on a perpetual plaque that hangs in the DSAOC Center.
The nominating family and the Educator(s) of the Year will receive a special invitation to our annual Orange County Buddy Walk, and receive special recognition on stage.



With your nomination, DSAOC can continue to highlight, affirm and celebrate those in education whose outstanding efforts and innovations have helped a student to grow and learn. You can help us continue to Change Perceptions and Change Lives - Thank you!

Name of Nominee(s): _____

School/Organization Name & Address: _____

Nominee is a: (please circle)

Teacher Paraprofessional Therapist Other _____

Nominee's Contact Phone and/or Email: _____

If my nominee is chosen for the award, I would like this to remain a surprise until the award is presented.

Principal's/Director's Name & Title: _____

Phone:(____) _____ Email: _____

Last day of school: _____

Nominator's Information:

Name & Relationship to Student: _____

Student's Name & Age: _____

Address: _____

Phone:(____) _____ Email: _____

Please answer the questions below describing why you feel your student's educator or education team should be named **Educator of the Year**. You can attach supporting documentation to your nomination if you wish.

1. What is the role of the teacher(s)/therapist(s)/aide(s)/administrator(s)/education team and their relationship to the student with Down syndrome?

2. Why are you nominating this person/team?

