



2018-2019 MOSPA State Awards - Call for Nominations

The MOSPA State Awards provide an opportunity to recognize individuals, programs and community partners that have made outstanding contributions in the area of Special Populations and/or Career Technical Education/Occupational Programs. The chart below outlines the awards for which nominations may be submitted and the criteria for each. Please note that one winner from secondary and one winner from postsecondary is selected for each award category.

Award	Description	Criteria
Outstanding Professional Award	Administrator, teacher, counselor, social worker, etc., who works directly with special population and/or CTE/ Occupational Programs	<ol style="list-style-type: none"> 1. Describe the contributions the nominee has made to special population students and/or programs. 2. Describe the nominee’s involvement in activities that promote professional development in special population and/or Career Technical Education/Occupational Programs. 3. List the unique aspects, special strengths and/or special characteristics of the nominee.
Outstanding Support Staff Award	Paraprofessional, teaching assistant, administrative assistant who works directly with special population students in CTE/Occupational programs.	<ol style="list-style-type: none"> 1. Describe the contributions the nominee has made to special population students and/or programs. 2. Describe the nominee’s involvement in activities that promote professional development in the special population and/or Career Technical Education/Occupational Programs. 3. List the unique aspects, special strengths and/or special characteristics of the nominee.
Outstanding Student Award	Special population student who has demonstrated perseverance, personal growth, and exemplary achievement in a CTE/Occupational program.	<ol style="list-style-type: none"> 1. Describe the nominee’s performance and progress in his/her chosen CTE/Occupational program. 2. Describe how the nominee has demonstrated perseverance and personal growth during his/her participation. 3. Describe how the nominee has demonstrated service to his/her school, college, educational institution or community. 4. List the unique aspects, special strengths and/or special characteristics of the nominee.
Outstanding Community Partner Award	A community partner that has exhibited exemplary commitment to the success of special population students and CTE/Occupational programming in their community. Nominee can be an individual, business or organization.	<ol style="list-style-type: none"> 1. Describe how the community partner directly contributes to special population students/program success. 2. List examples of the community partner’s professional commitment and community involvement that supports Career Technical Education/Occupational programs. 3. List the unique aspects, special strengths and/or special characteristics of the community partner.
MOSPA Program Award	MOSPA is proud to recognize and reward excellence in programs offered at the secondary and postsecondary sites affiliated with our organization. The program winner will receive a \$500 honorarium for their program. <u>NOTE:</u> The program must be a state-approved program.	<ol style="list-style-type: none"> 1. Describe how the program uses creative solutions for meeting special population needs (i.e. enhancing core academic skills, recruitment & retention, program completers, successful placement and partnerships with business and industry, partnerships between secondary and postsecondary that lead to a seamless transition) 2. Describe how the program demonstrates clearly-defined outcomes regarding what the students will learn/value. 3. Describe the program’s plan and strategy for supporting special population students, including training, communication and professional development to special population students/staff.



MOSPA STATE AWARD NOMINATION FORM

Complete the form below and on a separate sheet completely address the criteria listed in the chart above specific to the award. Written responses should be two pages or less, double-spaced, with one inch margins and clearly identify the award and nominee for which the nomination is being submitted. Please include at least one high quality digital photo with each nomination that shows the nominee in a professional setting.

Nominee: _____ **Position:** _____

Program: _____ **Educational Institution/Agency:** _____

Address: _____

City, State, Zip: _____

Phone: _____ **Email:** _____

Level: Secondary Post-secondary

Award: Professional Support Staff Student Community Partner Program

Nominated By: _____ **Position:** _____

Program: _____ **Educational Institution/Agency:** _____

Address: _____

City, State, Zip: _____

Phone: _____ **Email:** _____

Please submit nomination form, attach the double-spaced (not to exceed two pages) documentation along with a digital photo of the nominee to: Leigha Compson at LeighaCompson@ferris.edu on or before **February 18, 2019. Nominations received after this date will not be considered. A confirmation of receipt will be made to the nominator via email.**

Nomination Packet Checklist:

- ✓ Nomination Form
- ✓ Written Responses
- ✓ Digital Photo