



1495 West Longview Avenue, Suite 200  
Mansfield, OH 44906  
Phone: (419)747-4808/Fax: (419)747-3806  
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## Outstanding Achievement Award

Dear Educational Agency:

The State Support Team would like to honor students with disabilities and outstanding educators in Region 7. An Outstanding Achievement Award will be presented at our regional recognition event for all nominated students. Educators and Educator Team Awards will be selected by SST7 Staff based on a scoring rubric. The top 20 educators and/or educator teams will be recognized at the event. (All other educator/educator team nominees will be mailed a Certificate of Appreciation).

The event will be held May 8, 2018 from 6:00-8:00 p.m. at the Mid-Ohio Conference Center in Mansfield, Ohio. The honoree's name and school district will be read and a PowerPoint slide will be displayed showing nominees accomplishments when they are called forward to receive the award. Individual pictures will also be taken as well as an opportunity for a family picture at the end of the evening. In addition, from those nominated, the State Support Team Region 7 will select **one** student to attend a luncheon in Columbus as a nominee for the R.A. Horn Outstanding Achievement Award for a student and **one** educator or educator team to attend a luncheon in Columbus as a nominee for the Franklin B Walter Outstanding Educator Award.

### **EDUCATORS:** *State Support Team Region 7 Outstanding Achievement*

Awards will be given to honor educators who have made outstanding contributions by improving access to, and progress in the general curriculum for children and youth with disabilities in Region 7. All staff personnel should be considered. A team of up to 5 individuals may also be nominated. (If the team consists of more than 5 educators, you must choose 5 to attend the ceremony with 1 guest each or allow no guests and bring up to 10 from the team) **Please note, if an educator is nominated, at least one student that teacher/team has impacted must also be nominated.**

### **STUDENTS:** *State Support Team Region 7 Outstanding Achievement Award for Students.*

An award will be given to honor students with disabilities for an achievement they have made.

Please use the attached nomination forms.

Questions: Contact Dr. Heidi Orvosh-Kamenski or Kellee Wisenbarger at 419-747-4808  
Nomination forms are due to Kellee Wisenbarger, SST7 **by March 01, 2018. (NO EXCEPTIONS)**  
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STATE SUPPORT TEAM REGION 7 OUTSTANDING ACHIEVEMENT  
AWARD AND

R.A. HORN OUTSTANDING ACHIEVEMENT AWARD

**Student Release Form**

(Please return no later than March 01, 2018) (NO EXCEPTIONS)

Name of Student \_\_\_\_\_

Address \_\_\_\_\_  
(Street/PO Box)

\_\_\_\_\_  
(City) (State) (Zip)

Phone ( ) \_\_\_\_\_

I, \_\_\_\_\_, (Parent/Guardian Name) as parent or

legal guardian/custodian of \_\_\_\_\_ (Student's Name)

authorize the \_\_\_\_\_ School District (School District Name),

the State Support Team Region 7, and the Ohio Coalition for the Education of Children with Disabilities, 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, regional, state, or national publications of the agencies listed above as well as to be released to appropriate newspapers and/or news publications.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
(Street/PO Box)

\_\_\_\_\_  
(City) (State) (Zip)

Phone ( ) \_\_\_\_\_

STATE SUPPORT TEAM REGION 7 OUTSTANDING ACHIEVEMENT AWARD

AND

FRANKLIN B. WALTER OUTSTANDING ACHIEVEMENT AWARD

**Teacher Release Form**

(Please return no later than March 01, 2018) **(NO EXCEPTIONS)**

Name \_\_\_\_\_

Address \_\_\_\_\_

(Street/PO Box)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Phone (\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_, authorize the

\_\_\_\_\_ School District (School District Name),

The State Support Team Region 7, and the Ohio Coalition for the Education of Children with Disabilities and/or their authorized agents to release publicly my name, use videotapes, photographs, and otherwise publish or cause to be published any information relevant to my achievements supporting my selection for recognition of outstanding achievement. This information may be used in local, regional, state, or national publications of the agencies listed above as well as to be released to appropriate newspapers and/or news publications.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

(Street/PO Box)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Phone (\_\_\_\_) \_\_\_\_\_

**State Support Team Region 7 Outstanding Achievement Award Nomination for Educators & Educator Teams**

Educator/Educator Team name: \_\_\_\_\_

Educator/Title \_\_\_\_\_

School Building \_\_\_\_\_ School District: \_\_\_\_\_

Phone: \_\_\_\_\_ Address of School: \_\_\_\_\_

Nominator Name: \_\_\_\_\_ Nominator Job Responsibility \_\_\_\_\_

Nominator's Address and Phone: \_\_\_\_\_

Superintendent name: \_\_\_\_\_ Special Ed Director name: \_\_\_\_\_

Principal's printed name: \_\_\_\_\_

Principal's signature approving nomination: \_\_\_\_\_

**Please briefly answer the following questions** (no more than 4 sentences for each question)

1. Describe how this educator or team goes "above and beyond" his/her/their duties in order to improve educational outcomes for students.
  - a. Identify the area of improvement and provide baseline data with **evidence**.
  - b. Describe the interventions or instruction used by educator or educator team.
  - c. Describe the results based on the baseline data. How do you know the interventions were effective?
  - d. Provide evidence.
  
2. Has this educator/team done something to increase student(s) access to and success within the general education setting? If so, describe specifically what he/she/they did and the impact on student learning.
  - a. Baseline on how it was done?
  - b. Changes made.
  - c. Results with examples or evidence. How do you know?
  - d. Provide **evidence**.
  
3. Describe how this educator/team collaborates with parents and service providers (in and out of the school setting) to improve outcomes for students.
  - a. Cite evidence/examples

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**State Support Team Region 7 Outstanding Achievement Award Nomination for Students**

Student Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_ School District: \_\_\_\_\_ School Building: \_\_\_\_\_

Nominator Name: \_\_\_\_\_ Nominator's Position: \_\_\_\_\_

Nominator Address and Phone: \_\_\_\_\_

Superintendent name and address: \_\_\_\_\_

Special Education Director name and address: \_\_\_\_\_

Building Principal's name: \_\_\_\_\_

**Please briefly answer the following questions** (no more than 6 sentences for each question):

1. Identify an area or areas of achievement and describe the student's performance in that area (this could include, but is not limited to: academic subject, the arts, extracurricular activity, sports, community involvement or service, independent living skills, transition skills, employment, social skills, perseverance, etc.)
  - a. Provide baseline data prior to improved results.
  - b. Strategies and skills the student has developed.
  - c. Improvement results with evidence included.
  
2. Please describe outstanding characteristics and accomplishments (in 4 to 6 sentences). This will be used for a PowerPoint slide describing your student at the recognition event.

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