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**School Counselor of the Year**

**Nomination Form**

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

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone#:    ( \_\_\_\_) \_\_\_\_\_\_\_\_\_ E-Mail:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please choose ONE:**

\_\_\_\_ Elementary School Counselor of the Year

\_\_\_\_ Middle/Junior High School Counselor of the Year

\_\_\_\_ Secondary School Counselor of the Year

Nominated By:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Relationship to Nominee: |  |
| \_\_\_\_\_ Building Level Administrator | \_\_\_\_\_ District Level Administrator |
| \_\_\_\_\_ Co-worker | \_\_\_\_\_ DOE Representative |
| \_\_\_\_\_ Parent/Guardian | \_\_\_\_\_ University Representative |
| \_\_\_\_\_ Student | \_\_\_\_\_ Community Member |

In case we need to follow-up please provide your information below:

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

E-Mail:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| ***Please mail a hard copy or email the form to:***  |  |  |
| **Stacey Papa****Baltz Elementary School****Wilmington, DE 19805**stacey.papa@mydsca.org |  |  |