Outstanding Educator Award Nomination Form

DEADLINE FOR NOMINATIONS: OCTOBER 1, 2017

Only members may submit nominations.

Criteria: The recipient of this award will be employed in the field of education. The person need not be a teacher. All personnel connected with education from preschool through the university shall be eligible. The award shall be given to an individual who has made an outstanding contribution in the field of education to children, youth, and/or adults with learning disabilities. The recipient need not be a member of LDA-IA. Only one award will be granted in any year.

Send completed nomination form to any of the following:

<table>
<thead>
<tr>
<th>LDA-IA Awards Committee</th>
<th>LDA-IA Awards Committee</th>
<th>LDA-IA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barb Van Sickle</td>
<td>Donna Schletzbaum, Chairperson</td>
<td>Kathy Specketer, State Coordinator</td>
</tr>
<tr>
<td>600 E. Hillcrest Ave., #303</td>
<td>12841-140th Ave.</td>
<td>5665 Greendale Rd., Ste. D</td>
</tr>
<tr>
<td>Indianola, IA 50125</td>
<td>Indianola, IA 50125</td>
<td>Johnston, IA 50131</td>
</tr>
</tbody>
</table>

**Nominations may also be emailed to: kathylda@askresource.org or faxed to (515)243-1902.

Awards will be selected by October 7th and presented on October 22, 2017 at the LDA-IA annual conference.

PERSON MAKING NOMINATION:

Name__________________________________________________________

Address________________________________________________________

City_________________________ State__________ Zip____________

Phone (_____) __________________________ Email____________________

NOMINEE INFORMATION:

Nominee’s/Organization’s Name____________________________________

Title or Position of Nominee_______________________________________

Address________________________________________________________

City_________________________ State__________ Zip____________

Phone (_____) __________________________

Present Occupation and Responsibilities____________________________

______________________________________________________________

Education Completed___________________________________________

______________________________________________________________
Experience

Please explain (in a paragraph) how the person you have nominated has made an outstanding contribution in the field of learning disabilities in the state of Iowa.