



NYCASE Special Education Administrator of the Year Nomination Form

Name of Nominee: _____ Position: _____

School District: _____

Address: _____

Phone: _____ Email _____

Address: _____

Years in Education: _____ Years as an
Administrator: _____

Name of Superintendent: _____

Nominee Email
address: _____ Phone: _____

Please fill out 1-6 below describing the nominee based on the following criteria:

1. Outstanding leadership across disciplines for the benefit of students with disabilities and special education staff:

2. 21st century vision for special education that promotes opportunities for all students:

3. Staff development that promotes current best practices in instruction and support services:

4. Collaborative partnership with administrative colleagues:

5. Commitment to and awareness of the needs of students, parents and the community:

6. Outstanding contributions beyond those expected/required:

I hereby submit this nomination for Administrator of the Year Award

Name _____

Signature

Title

Email _____ Phone _____

Please return this form to lwidomski@nycase.org by May 1, 2024!