SCHOOL BASED MENTAL HEALTH PROFESSIONAL OF THE YEAR AWARD

DEADLINE FOR NOMINATION IS MARCH 2, 2012

You are encouraged to nominate individuals that you feel exemplify the highest standards in providing school based mental health services or administrative services to school based mental health programs. The purpose of the Professional of the Year Award is to recognize an individual for outstanding service that has impacted the school based mental health profession as well as student success.

Criteria for nomination:

1. The nominator must be a current member of the Arkansas Mental Health in Education Association.
2. The nominee must be a current member of the Arkansas Mental Health in Education Association.
3. The nominee must currently be employed in an Arkansas school based mental health program.
4. AREMA board members are excluded from being nominated.
5. The nominee should possess the personal qualities thought to be desirable of a representative of the Arkansas Mental Health in Education Association.

Checklist of Required Documents for Nomination:

1. Completed AREMA nomination form.
2. Letter of Recommendation from nominator. Two page maximum.
3. Three signatures of endorsement. These signatures should include one from each of the following: Administrator, teacher, and colleague.

Please email or fax nomination materials to: Stan Escalante @ stan.escalante@greenwoodk12.com or 479-996-6614. If you have questions, please email or call 479-996-0504 or 996-4141
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NOMINATION FORM

Name of nominee: ____________________________________________________

Place of employment: ________________________________________________

Home address: _______________________________________________________

Phone Contact: _____________________________________________________

Education Information:

Undergraduate Degree: ________________________________________________
Institution: __________________________________________________________
Graduate Degree: ____________________________________________________
Institution: __________________________________________________________

Nominator Information:

Phone: Work ____________________  Cell _____________________
Email _________________________________________________________

Endorsement signatures:

1. Administrator w/title: _____________________________________________
2. Teacher: _________________________________________________________
3. Colleague: _______________________________________________________