



UASP AWARDS NOMINATION FORM

This form is needed for the following nominations. Please check the award this candidate is being nominated for:

- _____ Lifetime Achievement Award
- _____ Barbara Bennett Excellence in Diversity Award
- _____ School Psychologist of the Year Award
- _____ School Psychology Student of the Year Award
- _____ Distinguished Service Award
- _____ Outstanding Service to Children and Families

Candidate Information

Name of Candidate _____

Address _____

City _____ State _____ Zip code _____

Home phone _____ Work phone _____

Job Title (if applicable) _____

Employer (if applicable) _____

Brief Job Description (if applicable) _____

Nominator Information

Name of Nominator _____

Address _____

City _____ State _____ Zip code _____

Home phone _____ Work phone _____

Signature

Date



UASP AWARDS NOMINATION FORM - PART B

This part of the nomination form is needed only for the following nominations. Please check the award this candidate is being nominated for:

- _____ Lifetime Achievement Award
_____ School Psychologist of the Year Award

Name of Candidate _____

Please request the following from the candidate you are nominating and send in with your completed nomination form:

Candidate Statement

Describe a pressing issue facing the profession of school psychology and discuss how UASP could address this issue. Your response must be typed and limited to two pages—this one and an additional sheet. Candidate statements must be signed and returned along with the nomination packet.