



EXEMPLARY RURAL SPECIAL EDUCATION PROGRAM AWARDS NOMINATION FORM

Please return completed form to Tori Colson at tshoulders@usi.edu

DEADLINE FOR SUBMISSION IS JANUARY 15!

PART I: PROGRAM NOMINATOR

Name:

Position:

Institution/Agency:

Address:

City:

State: _____ Zip + 4:

Bus. Phone:

Home Phone:

E-mail Address:

Please describe how you are associated/familiar with the nominated program. (please limit to 25 words).

I certify that the information contained in this nomination form is accurate to the best of my knowledge, and that the program contact person has reviewed and verified all information contained herein.

X

Electronic Signature

PART II: EXEMPLARY PROGRAM NOMINEE

Title of Nominated Program:

Program Contact:

Position:

Institution/Agency:

Address:

City:

State:

Zip + 4:

Office Phone:

Home Phone:

E-Mail Address:

Listed below are the eight (8) categories for the ACRES Exemplary Program Awards. Please check the most appropriate category for the nominated program under consideration.

- ☐ CATEGORY 1: Preservice/Inservice Training
- ☐ CATEGORY 2: Infant and Early Childhood Intervention
- ☐ CATEGORY 3: Vocational Training and Transition
- ☐ CATEGORY 4: Interagency Collaboration
- ☐ CATEGORY 5: Services in Inclusive Environments
- ☐ CATEGORY 6: Cross-Cultural Services
- ☐ CATEGORY 7: Educational Technology
- ☐ CATEGORY 8: Research and Evaluation

PART III:

Please answer the following questions concerning the nominated program.

1. Number of students served by the program. _____ Explain

Average daily attendance in the program: _____

2. The population density per square mile of the district/county in which the program is based:

3. Please check one or more of the following categories that are applicable in the nominated program.

- | | |
|--|---|
| <input type="checkbox"/> rural/small public school | <input type="checkbox"/> university training program |
| <input type="checkbox"/> rural/small private school | <input type="checkbox"/> business/school partnership |
| <input type="checkbox"/> local education agency | <input type="checkbox"/> school board |
| <input type="checkbox"/> state education agency | <input type="checkbox"/> adult education |
| <input type="checkbox"/> intermediate education agency | <input type="checkbox"/> other, please specify: _____ |

4. Please check one or more of the following educational levels that are applicable to the nominated program.

- | | |
|--|---|
| <input type="checkbox"/> infant/preschool | <input type="checkbox"/> undergraduate |
| <input type="checkbox"/> elementary school | <input type="checkbox"/> graduate |
| <input type="checkbox"/> middle school | <input type="checkbox"/> adult training |
| <input type="checkbox"/> junior high | |
| <input type="checkbox"/> high school | |

Please provide answers to the following questions:

5. Describe the goals, objectives and specific activities of this program. (please limit to 500 words)

6. What rural school special education issues does this program address (e.g. low incidence disabilities, limited fiscal resources, small staff, etc)? (please limit to 50 words)

7. Describe the components of this program that are distinctly rural focused. What is different about this approach/program than that used in a suburban or urban location? (please limit to 300 words)

8. Describe the ways that this school program involves the community (e.g. agencies, parents, business, volunteers, corporations, etc.). (please limit to 100 words)

9. What specific evaluative/research data are available that corroborate the high quality of this program; i.e., documented data, statistics measurable outcomes, etc. (please limit to 100 words)

10. Describe the specific sources of funding for this program, including cost effective measures the program has employed. (please limit to 100 words)

ADDITIONAL SUPPORTING DOCUMENTATION:

11. Please describe any additional information/documentation that enhances the overall quality of this program. (Publications, awards and honors, unique characteristics, innovative strategies, etc.). (please limit to 250 words)

12. Please attach two (2) letters of recommendation from persons in the community who are knowledgeable about the nominated program. (Note: These should be in positions that allow them to

objectively assess the effectiveness of the program.) Please include their names, addresses, and phone numbers.