

Nomination Form for
Outstanding Teacher Award

Name: _____

School: _____

Address: _____

Phone: _____

Email: _____

Professional Role: _____

Years of service to individuals with learning disabilities: _____

Chapter submitting nomination: _____

Chapter Representative Name/Phone: _____

Specific types of service to individuals with learning disabilities and their families:

Other contributions to the field of learning disabilities:

Additional experiences:

Please use additional paper if needed. Attach letters of support from students, parents, teachers, administrators, and others. Include any information that highlights the contributions of this person.

Deadline: Chapters to send nomination materials by May 15, 2010 to:

Mary Provost

Conference Director

Council for Learning Disabilities

P.O. Box 2266

Mount Pleasant, SC 29465

843/971-2980

Email: mcprovost@bellsouth.net or cld_conferences@att.net