



CONNECTICUT
ASSOCIATION OF SCHOOLS
SERVING SCHOOLS AND THEIR LEADERS

Center for Leadership and Innovation

OUTSTANDING LEADERSHIP AWARD

(Deadline for Submission is April 1)

TARGET RECIPIENT: An educator in a leadership position requiring a 092 certificate who is **NOT** a building principal or assistant principal as leadership in these positions is already recognized at the state and national levels.

RECOGNITION: CAS plaque will be presented at a meeting of the recipient's local board of education. News releases to local media and CAS media coverage.

CRITERIA: Demonstrates excellence in instruction and leadership within at least two of the following categories:

1. Use of Innovative Practices
2. Ability to Overcome Situational Obstacles
3. Development of a Vision
4. Demonstrated Willingness to Taking Risks

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1. How has the nominee's instructional leadership, innovative practices, and managerial or organizational skills had a positive impact on the school or school district this year? In addition, describe how the nominee has shown indications of being a risk taker, a visionary, and the ability to overcome adversity. (Please attach and limit to no more than 3 pages)
 2. The candidate will submit a resume. (Please attach)
 3. Two letters of recommendation in addition to the nomination. (Please attach)

APPLICATION PROCESS:

1. Completion of Application
2. Submission of Application by April 1 of each school year
3. Review by CAS Committee
4. Presentation of Award Plaque in September of the following School Year

(Please attach nomination title sheet that follows as page 2 of this application)



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Nomination Title Sheet

(Deadline for Submission is April 1)

I nominate the following school leader for the CAS Outstanding Leadership Award:

Name of Leader _____

Position of Leader _____

School _____

Address _____ Town/City _____ Zip _____

Email _____ Phone _____

(Nomination must be from a CAS-Member School)

Name and Title of Nominator

Date

Email Address of Nominator

Telephone Number of Nominator

Signature of Nominator

ENDORSEMENT BY SUPERINTENDENT OF SCHOOLS

Typed Name of Superintendent

Signature of Superintendent

Email of Superintendent

SEND COMPLETED NOMINATION FORM TO:

*Connecticut Association of Schools
30 Realty Drive, Cheshire, Connecticut 06410*

For CAS Use Only

Form: Outstanding Leadership

Date Received _____

2 Letters of Recommendation _____

Criteria Addressed _____

Resume Included _____

CAS Member School _____