Center for Leadership and Innovation

Here is your Invitation to Nominate
An Outstanding CAS Middle-Level School for 2018-2019

Purpose

1. To give public recognition in Connecticut and nationally to an outstanding CAS-Member Middle School that represents the best in the profession.
2. The school chosen will receive recognition in the media, in CAS publications, and at a CAS sponsored ceremony in their community.

Eligibility

The following criteria will be used to determine the recipient of this award:

1. The school must be a CAS Member Middle-Level School and exhibit the following Best Practices:
   - Evidence of a safe and healthy school environment.
   - Evidence that the school involves parents and the community in supporting student learning and healthy development.
   - Student services that go beyond those that are part of a typical school, i.e. clubs, activities, support services, and extra help for those who need it.
   - Evidence that the school’s educational programs are consistently being reviewed and improved.
   - A researched based curriculum with appropriate assessment grounded in standards.
   - Instructional methods and strategies designed to prepare students to meet high standards.
   - Teaming practices that drive instruction.
   - Personalization of the school environment.
   - Collaborative leadership and professional learning communities.

2. Previous winners may not apply for a period of five years and must clearly show significant change from the previous application. Finalists {schools receiving site visits} must wait until the third school year following the visit before re-applying. Schools not selected as finalists are welcome to re-apply at any time.

3. Each of the nine criteria listed above must be individually addressed in narrative form. The total response must not exceed 10 pages (12-point font/single spaced).

4. Applications must be delivered to CAS or postmarked no later than February 19, 2018.

5. The winning school will be invited to share exemplary practices and programs with other CAS middle-level schools by offering CAS workshops, writing for CAS publications, and/or welcoming visitors to their school.

6. Nominations may be made by any present or former member of the school staff or by district central-office personnel.

7. Nominations should be submitted to: Mrs. Donna Schilke, Assistant Executive Director
   The Connecticut Association of Schools
   30 Realty Drive, Cheshire, Connecticut 06410

Timeline

1. Applications will be reviewed in February and March.
2. Finalists will be visited in April, 2018.
I nominate the following CAS school as an outstanding middle-level school for the year 2018-2019:

School__________________________________________________________________________________________________
Principal________________________________________________________________________________________________
Address_________________________________________________________________________________________________
Town/City_____________________________________Zip__________________Telephone_____________________________
E-Mail Address of Principal_________________________________________________________________________________
School Website___________________________________________________________________________________________

Nominator:

Typed Name of Nominator __________________________________________________________________________________
Signature of Nominator ___________________________________________________________________________________

Position of Nominator _____________________________________________________________________________________
Date Submitted ___________________________________________________________________________________________

Telephone Number of Nominator _____________________________________________________________________________
E-Mail Address of Nominator _______________________________________________________________________________

Address of Nominator _____________________________________________________________________________________

Endorsement by Superintendent of Schools
I have read and support this application

Typed Name of Superintendent ______________________________________________________________________________
Signature of Superintendent ________________________________________________________________________________

Telephone Number of Superintendent _________________________________________________________________________
E-Mail Address of Superintendent ___________________________________________________________________________

Address of Superintendent __________________________________________________________________________________

For CAS Use Only:

Date Received ___________ Number of Pages ___________ Criteria Addressed ___________