CONNECTICUT ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS
INVITATION TO NOMINATE
EXEMPLARY PRINCIPAL PROGRAM AWARD FOR SPECIAL EDUCATION
(Deadline for Submission is September 11, 2009)

Research has shown that effective program implementation is dependent on the leadership of the building principal. It is the intention of this award to publicize the role played by the principal and the leadership skills of Connecticut principals. The CAS Elementary Division Board desires to recognize Connecticut elementary principals who have implemented exemplary and innovative ideas, plans, or programs which have improved the education of Connecticut’s children. This award will focus on principal effectiveness in special educational leadership.

APPLICATION INFORMATION:

1. A superintendent, fellow administrator or member of the principal’s staff may make nominations for the award.
2. The nominator should submit an application form and any other information that will validate the principal’s leadership in special education and/or accomplishments.
3. Recipient must be an on-line elementary school principal.
4. All members are eligible to participate with the exception of members of the selection committee.

PERFORMANCE INDICATORS:

1. Describe how the nominee will show evidence of leadership by initiating, supporting, or expanding a program of inclusive education or other special education initiatives for children with special needs.
2. Describe how the nominee will, through his/her leadership, provide in-service for the staff and monitor the implementation of the program.
3. Describe how the nominee will demonstrate his/her advocacy for children of various academic needs through the implementation of this program.

PROCESS FOR SELECTION:

1. The CAS Elementary Division Board Chair will appoint a selection committee with a chairperson and at least two other principals.
2. The committee will meet to review and evaluate nomination materials and select a winner.
3. An assessment sheet with criteria and performance indicators are used throughout the process.
4. Finalists may be interviewed using questions and a rating sheet developed by the committee.
5. If the committee does not locate a suitable candidate, it should not submit a nominee for that year.
6. All nominees will be notified in writing of the results.
7. The selection committee chairperson will present the award at the Elementary Program Recognition Banquet on November 23, 2009.

NOMINATIONS SHOULD BE SENT TO: Regina S. Birdsell
Assistant Executive Director
The Connecticut Association of Schools
30 Realty Drive
Cheshire, Connecticut 06410
I nominate the following person to be a recipient of the Connecticut Association of Schools Exemplary Principal Program Award for Special Education for the school year 2009-2010

Name______________________________________________________________, Principal
School____________________________________________________________________
Address____________________________________________________________________
Town/City_____________________________Zip__________Telephone________________
Years in Present Position__________________ Total Years in Profession________________
School Website______________________________________________________________
Program Title_______________________________________________________________
Is this a CAS member school? _____Yes _____No

STATEMENT OF REASON FOR NOMINATION: Please address specifically the criteria listed under Performance Indicators on the attached Invitation to Nominate. (Limit your answers to a total of six typed pages, double sided.)

Typed Name of Nominator    Signature of Nominator
_______________________________________  _____________________________________
Position of Nominator     Date Submitted
_______________________________________
Telephone Number of Nominator

Typed Name of Principal Nominated   Signature of Principal Nominated
_______________________________________  _____________________________________

ENDORSEMENT BY SUPERINTENDENT OF SCHOOLS
I have read and support this application

Typed Name of Superintendent     Signature of Superintendent
_______________________________________

For CAS Use Only
Date Received_____________________________ CAS Member _____Yes _____No