

CHAPTER: _____

DATE RECEIVED _____



NOMINATION FORM FOR
THOMAS A. MAUL DIRECT SUPPORT PROFESSIONAL
EXCELLENCE AWARD

ALL INFORMATION ON THIS APPLICATION MUST BE TYPED.
FILL-IN APPLICATION FORMS ARE AVAILABLE ONLINE AT WWW.NYSARC.ORG

Return Deadline:
May 5, 2009

Name of Nominee: _____

Job Title: _____

Address: _____

Phone Number (____) _____ - _____

Number of Years Employed by Chapter _____

Chapter _____

Address: _____

Name and Title of Person Making Nomination: _____

I. **Describe how the nominee has consistently demonstrated Excellence, Creativity and Commitment in the following areas. Check appropriate boxes and give at least two specific examples.**

Leadership: *demonstrated dedication, self-motivation, and acted as a role model for other staff.*

Example 1: _____

Example 2: _____

Additional Comments: _____

Professional Development: *sought educational opportunities to increase knowledge and learn new skills.*

Example 1: _____

Example 2: _____

Additional Comments: _____

Provision of Direct Support: *has shown respect for the dignity, independence, culture and rights of individuals with intellectual and other developmental disabilities and their families.*

Example 1: _____

Example 2: _____

Additional Comments: _____
