

**DADE COUNSELING ASSOCIATION (DCA)  
ADMINISTRATOR OF THE YEAR NOMINATION**

**NOMINEE INFORMATION:** (check one)

**Elementary**

**Middle**

**Senior High**

**Adult/Vocational Center**

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Internet E-mail \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

**NOMINATOR INFORMATION:**

Name \_\_\_\_\_ Internet E-mail \_\_\_\_\_

School/Job Location: \_\_\_\_\_ Phone \_\_\_\_\_

- I** One page means front side only. Submit one typewritten copy of the application packet on 8 1/2 x 11 white paper, stapled on left hand corner. For reasons of equity, the applicants name will be eliminated from the application packet prior to distribution to the judges.
- II** A one page typewritten biographical description: Include current position; number of years of service in education; professional affiliations; honors and awards.
- III** Please provide a one or two-page typewritten description of the skills and attributes your nominee possesses based on the list provided below:
- a. Understands the counseling profession and promotes counseling for students as a top priority.
  - b. Supports professional inservices, workshops and conventions.
  - c. Accepts new ideas and provides necessary resources for implementation.
  - d. Is accessible to student services team and involved in team activities.
  - e. Has gone above and beyond what might be normally expected of an administrator in support of student services.
- IV** Submit no more than (2) letters of recommendation from parents, students, colleagues, and/or student services personnel.
- V** Optional: A maximum of 2 pages of supplemental information.

**I, \_\_\_\_\_ hereby authorize DCA to use my  
photograph/bio for the website and newsletter if I am the recipient of the award.**

**Signature:** \_\_\_\_\_

**NOMINATIONS MUST ADHERE TO THE ABOVE GUIDELINES  
IN ORDER TO BE ELIGIBLE FOR CONSIDERATION**