

**Nomination Form**

**School Social Worker of the Year**

Nominee

Home Address

Home # District

Work Address

Work # Email

Job Title

Degree(s) Held

Years of experience in current position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of experience in the field of social work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current member of FASSW? \_\_\_\_ yes \_\_\_\_ no

Certified School Social Worker? \_\_\_\_ yes \_\_\_\_ no

**(A copy of nominee's DOE certificate will be requested if selected.)**

Briefly highlight nominee's accomplishments in the following areas. If additional space is needed, you may attach an extra sheet of paper.

A. PROFESSIONALISM:

 *(Continued on next page)*

**FASSW School Social Worker of the Year Nomination Form,** *continued*

B. OUTSTANDING WORK IN DIRECT SERVICE TO CLIENTS:

C. SIGNIFICANT CONTRIBUTIONS IN THE AREA OF COMMUNITY SERVICE:

Submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

Contact Telephone #: Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deadline for submission: January 12, 2024**

**Return application via email to: Karie.Johnston@ocps.net**

# Any inquires need to be emailed to Karie Johnston, Immediate Past President