

**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: October 2, 2019**

**Return application via email to: bea.scott@sdhc.k12.fl.us**

# Any inquires need to be emailed to Bea Scott, LCSW, FASSW Interim Vice President

**Florida Association of School Social Workers**

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E-Mail: fassw.president@fassw.org • Website: [www.FASSW.org](http://www.FASSW.org/)