



# Pervasive Parenting Center

## Special Education

### Paraprofessional of the Year



#### Nominee Details

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

School Name: \_\_\_\_\_

Subject and grade taught: \_\_\_\_\_

School Address: \_\_\_\_\_

#### Nominator (Please provide your information below).

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

#### Declaration:

I, \_\_\_\_\_, declare that I have advised the nominee of his/her nomination for the 2015 "Educator of the Year" Award and he/she consents to being nominated. I also declare that the nominee works with children, parents, and the school community in a positive manner.

Both Nominator and the Nominee fully understand that, upon winning, the information contained in this Nomination Form may be used to promote the Award, including, but not limited to, in the media, social networks, etc. and consent to the use of this information in this manner.

Date: \_\_\_\_\_ Nominator Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Nominee Signature: \_\_\_\_\_

**Please See Back**

