



Midwest Symposium for Leadership In Behavior Disorders Master Teacher

Nomination Form Deadline: November 1

Description: The Midwest Symposium Master Teacher Committee chooses two master teachers who serve students with emotional/behavioral disorders (EBD) and/or autism spectrum disorders (ASD) each year. Nominations will be accepted from recognized from planning committee members, administrators, and self-nominations.

Award Criteria: The following criteria are used to determine the recipient. Nominations should include the following:

1. Cover Letter (500 words or less)

- Demonstrate the ability to create, support and/or implement innovative and exemplary evidence based management techniques and instructional programs;
- Demonstrate the ability to establish, support, and/or implement observable and measurable behavioral and academic goals for students;
- Demonstrate the ability to work with parents, teachers, administrators, and other educational partners;
- Be actively teaching and planning to continue to teach in a program that serves students with emotional, behavioral, and/or autism spectrum disorders or take a leadership position in the field of education beyond the classroom.
- Demonstrate an advocacy position for students with disabilities in their community.

2. Administrative Letter of Support

- Indicates willingness to provide at least partial and ideally full financial support (e.g. cost for a substitute teacher if needed, hotel, etc.) for attending the MSLBD symposium as a representative of their educational institution.

3. Two Educational Partners Letters of Support (e.g. General Education Teachers, Support Staff, Special Education Teachers, Specialists, Parents)

- Demonstrates why this professional should be considered a master teachers
- Outlines how this professional supports the MSLBD vision and goals
- Provides examples of this professional's leadership skills and efforts to promote collaboration, student engagement, and community and family involvement



Midwest Symposium for Leadership In Behavior Disorders Master Teacher Nomination Form

(Please print or type)

Name of Nominee: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Daytime Phone: _____

Has nominee been made aware of the nomination? _____ Yes _____ No

Name of individual submitting the nomination: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Daytime Phone: _____

NOTE: Nominations must be made in writing and, in addition to the requested information, may other evidence to support the nomination. No material will be returned.

It is highly encouraged that the individual submitting the nomination be willing to present with and/or serve in a collaborative/consultative role at least the first year of the nominee's membership if chosen.

Send Nominations and Support Material

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