



**FRED SAIGH YOUTH LEADERSHIP PROGRAM
2009 – 2010 Nomination Form**

(This form is to be completed by the teacher and must accompany the Student Application Form)

Please complete all information on the nomination form. Additional information may be attached. All forms must be signed. Send the completed nomination to Special Education Foundation, 10176 Corporate Square Dr., Suite 100, St. Louis, MO 63132. **DEADLINE FOR RECEIVING NOMINATION IS APRIL 26, 2010.**

Identifying information (all fields are required).

Nominating Teacher _____ **Title** _____

Home Address _____

Work Phone _____ **Voice Mail** _____ **E-mail** _____

Student Nominated _____ **Grade (now)** _____

Parent(s) or Guardian _____

Home Phone _____ **Work /Cell Phone** _____ **E-mail** _____

Address _____

School _____ **Attending District** _____

School Address _____ **City/State/Zip** _____

Student Information:

Why do you believe this student is a good candidate for the Leadership Program? _____

List student awards received and year received. _____

List any positive initiatives taken by the student. _____

List any student participation in school activities. _____

List any areas in which the student excels such as expertise in specific areas, team building skills, problem solving abilities, sports, arts, etc.

Does the student possess good communication and/or facilitation skills? If so, describe.

Student interests. _____

Youth programs and activities (volunteer service, leadership roles). _____

Teacher Commitment

I will attend the first leadership session in the fall (2008) and one of the leadership sessions.

Yes _____ **No** _____

I will serve as a mentor for this student by obtaining information prior to each leadership meeting (once every other month), by assisting the student with any preparation needed and by meeting with the student periodically to assist with possible assignments and/or reports.

Yes _____ **No** _____

Teacher's Signature **Date**

Principal's Name (Please Print) **Principal's Signature** **Date**

SSD Administrator Name (Please Print) **SSD Administrator's Signature** **Date**