

2009-2010

Rosemary Zander Award **NOMINATION FORM**



Nominations are due by Friday, Jan. 8, 2010

Established in 1988, the Rosemary Zander Award Program recognizes students for remarkable achievements and outstanding attitudes. Winners of the awards are recognized at the annual Commitment to Kids Banquet in April.

Please complete the entire form and return it to the Communications Department by mail (12110 Clayton Road, Town & Country, MO 63131); or by fax (314.989.8470). Contact Melissa Cogar at 314.989.8102 with questions.

ROSEMARY ZANDER AWARD GUIDELINES

- Nominated students must be between 3 and 21 years of age and must receive at least one special education service from SSD.
- Students must be nominated by an SSD teacher-level staff member.
- Before completing this nomination form, the nominator must obtain consent from the nominee's parent/guardian to release information to a selection committee about the student. To that end, the nominator must submit an authorization release form (following) that has been signed and dated by the parent/guardian with the Rosemary Zander nomination form in order for the nominee to be considered. No exceptions can be made.

Part I - Nominee Information

Name: _____ Birthdate: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Services Applicant Receives from SSD: _____

School: _____ District: _____

Part II - Parent/Legal Guardian Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

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Part III - Nominator Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Current Position: _____

School: _____ District: _____

School Address: _____

City: _____ State: _____ Zip: _____

Nominator Signature: _____ Date: _____

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Part IV - Reasons for Nomination (Maximum length - two pages total.)

Describe in detail the nominee's achievements with an emphasis on the student's progress. Please include information on one or more of the following areas of achievement: academics, arts, athletics, communications, community service/extracurricular activities, independent living skills and vocational training/employment. Provide specific examples of how the student's achievements have served as an inspiration to others.

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Part IV - Reasons for Nomination (continued)

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AUTHORIZATION FORM

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AUTHORIZATION FOR RELEASE OF PERSONALLY IDENTIFIABLE NON-DIRECTORY INFORMATION

Your child, _____, has been nominated for a Rosemary Zander Award.
(Student's Name)

The Rosemary Zander Award Program, which honors Special School District (SSD) students for remarkable achievements and outstanding attitudes, is sponsored by the Special Education Foundation, a not-for-profit organization. To be eligible for an award, a student must be between the ages of 3 and 21 years, must receive at least one year of special education service from SSD, and must be nominated by an SSD teacher-level staff member. An extensive nomination form must be completed by the nominator.

Nominations are reviewed by a selection committee comprised of Foundation board members and SSD staff. Students whose achievements are deemed extraordinary are selected as recipients of the award and are honored at an annual banquet hosted by the Special Education Foundation.

However, before SSD can submit a nomination to the selection committee for consideration, the district must have authorization from a parent/guardian to release information about the student. Because recipients will be honored at a banquet, the authorization must permit the Foundation and SSD to release information about the student at the banquet and in printed materials prepared for the banquet. The authorization also gives the Foundation and SSD permission to use the student's photograph.

Please review the attached release form carefully. If you would like for your child to be considered for the award, please complete the information at the end of the release form (page 6), including your signature and the date, and return this form to the nominating teacher.

Any questions regarding the Rosemary Zander Award Program or this release form should be directed to Melissa Cogar in the SSD Communications Department at 314.989.8102.

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1. I understand that my child — the student identified below — has been nominated by an SSD teacher-level staff member for a Rosemary Zander Award from the Special Education Foundation.

2. I understand that information included in the nomination form includes personally identifiable non-directory information, including the fact that the student has a disability. Some of the personally identifiable non-directory information that will be released to the Special Education Foundation, such as the nature of the student's disability, is protected by federal and state privacy laws and cannot be released without express written consent of the student's parent/guardian, or the student himself or herself, if the student is 18 years old or older and capable of providing an appropriate release. I understand that by signing this form, I am specifically authorizing SSD to release to the Foundation personally identifiable non-directory information regarding my child that is protected by federal and state privacy laws.

3. I understand that being asked to sign this release form does not mean that my child has won the award, only that he or she is being nominated for the award.

4. In the event that my child is chosen to receive the Zander Award from the Foundation, I understand that he or she will be honored at an awards banquet that is open to the public. During the banquet, personally identifiable non-directory information will be shared with

those in attendance during the awards ceremony and in a banquet program. In addition, I understand that the Foundation and SSD may use photographs of my child in the program, in a PowerPoint presentation or in a video.

5. I understand that banquet programs are not collected at the end of the banquet and that those in attendance are free to take a copy of the program with them when they leave. I understand that neither SSD nor the Foundation can control the re-release of information included in the banquet program by those in attendance.

6. News media—including television and radio stations, and local and regional newspapers—and SSD's newsletters and Web site, have in the past featured information about and photos of recipients of the Foundation's Zander Award. I hereby give my permission for SSD and the Foundation to release information about my child, including personally identifiable non-directory information, to news media. I also give permission for SSD and the Foundation to use the information on their respective Web sites and in their respective publications.

7. In addition, this release specifically permits SSD, the Foundation and news media to photograph, tape record or videotape my child and to use such photographs, voice recordings, video recordings or digital recordings in publications, slides, videotapes, motion pictures, newsletters, newspapers,

education Web sites and news Web sites.

8. I understand that the resulting photographs, stills, slides, videotapes, motion pictures, audio tapes and printed materials may be published for the purpose of instructing or informing staff, students, parents or the general public about school programs or events. This includes using photographic images of my child to promote the awards program in future years, as well as publishing my child's name as a "past recipient" of the Rosemary Zander Award.

9. I hereby state that I have read and carefully considered this release form and hereby consent to the release of information regarding my child as set forth above and for the limited purposes described above. This release is expressly limited to the use of information by SSD, the Foundation and others, as delineated above, for the reasons set forth above.

Student's Name: _____

Birthdate: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Address: _____

City: _____

State: _____

Zip: _____

E-mail: _____

Home Phone: _____

Work Phone: _____

Teacher's Name (nominator): _____

School: _____

District: _____