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**IATDP Program of the Year Award Nomination**

**Purpose:** The IATDP Program of the Year Award recognizes **one** outstanding, emerging, or best practice program that meets the four criteria of **innovation, across system, replication, and response to mission**. The program must respond to and or relate to truancy and/or dropout prevention. ***Benefits:*** Award winners benefit from their program being publicized as an international program of the year, plaque, work will be spotlighted in the journal for one year, and possibility of at least one co-authored manuscript on work and success of program.

**PROGRAM NOMINEE INFORMATION**

**Name of Program Nominated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year Program Was created: \_\_\_\_\_\_\_\_\_\_\_\_ Key population program serves:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person Contact for Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Last Name First Name Middle Initials (optional)*

**Organization of Affiliation/Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Address City State Zip code*

**Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_ Email Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOMINATOR INFORMATION**

**❒Check if you are a self nominator. If so skip info below.**

**❒Check if you other nominator, please complete information below**

 **Name of Nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Last Name First Name Middle Initials (optional)*

**Contact Information**

**Organization of Affiliation/Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Address City State Zip code*

**Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_ Email Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Attach additional page as needed***

**NOMINATION INFORMATION**

**Application materials:**

* Submit one letter of recommendation
* Submit one 3 page document with the following:
	1. Provide a document that fully outlines and describes the program (including a Step by step description of how to implement and administer the program)
	2. Purpose and location of the Program (including state and school district)
	3. How program is administered and do you think it can be replicated
	4. # of participants who have participated or been impacted annually by the program as well as those that have been impacted since the program start date.
	5. History of program (start date, creator, financial start-up, collaborators, need the program aimed to meet, gaining support in the system to launch, getting buy-in from parents.)
	6. Future Goals and why you think this program meets the criteria for Program of the Year Award.

**Next Steps:**

**Deadline: August 1, 2014**

**Award Winners are chosen based of specific factors outlined below**

1. Completeness and timely submission of nomination
2. Quality of the responses and submission packet
3. The impact of the program (This may include if their work, education, or service spans more than their classroom or job to impact, other schools, communities, neighborhoods, and international work)
4. Ability of the nominator to define the program as an emerging or best practice
5. Ability of program to be used across various educational system
6. Opportunity of the program to be replicated and shared
7. Ability to respond to the mission of “responding to problems of school children – truancy and dropout”.
8. The Committee’s final decision on the candidate that best meets all criteria will be notified.

**Award notifications will be sent out electronically August, 2014**

**SUBMIT COMPLETED FORM AND EMAIL TO:**

**David House, Awards Committee Chair**

Subject: IATDP Award Nomination

david.iatdp@gmail.com