

Candidate for Certificate of Recognition

(Submit to Rochelle Rands, immediate past president by Wednesday, March 15, 2017)

Name of Nominee:

Address:

Telephone:

Present Position:

School Division/Agency:

1) Indicate major contributions toward the education of special needs students made by the candidate:

2. Give some indication of the length of this involvement:

3. Additional information supporting this candidate:

Nominated by:

Address:

Telephone: