



# MINNESOTA SCHOOL COUNSELORS ASSOCIATION

## Counselor of the Year Nomination

### ELIGIBILITY CRITERIA

- ✚ The nominee must be currently employed as a full-time or part-time school counselor and have completed a minimum of three consecutive years of counseling service at the level of nomination.
- ✚ The nominee must be a professional member of MSCA.
- ✚ The nominee must hold a Master's Degree or equivalent in school counseling and be licensed by the state of Minnesota.

### RECOGNITION CRITERIA

- ✚ The nominee must demonstrate awareness and knowledge of the ASCA National Model and have been responsible for school counseling innovations or further development of programs aligning with the ASCA National Model to support the career, personal/social and academic development of all students. Nominees must demonstrate leadership, advocacy and collaboration in their work and promote equity and access to opportunities and rigorous education experiences for all students to maximize student achievement. Nominees must also demonstrate collaboration with stakeholders.
- ✚ The activities or accomplishments recognized must have taken place **within five (5) years prior** to the date of the nomination.
- ✚ The nominee should maintain the highest standards of personal conduct and recognize that his/her personal conduct is held up to public scrutiny. Nominees strive to be model citizens of their community as well as the school counseling community and their broader professional community. They maintain high moral standards in their personal and professional conduct.

### AWARD

*Please choose ONE*

- Elementary School Counselor of the Year
- Junior High/Middle School Counselor of the Year
- High School Counselor of the Year
- Multi-Level School Counselor of the Year
- Post-Secondary School Counselor of the Year

Name of nominee: \_\_\_\_\_

Work address: \_\_\_\_\_

Preferred email: \_\_\_\_\_

Preferred phone: \_\_\_\_\_ Is this work or home/cell? \_\_\_\_\_

Undergraduate Degree: \_\_\_\_\_

Institution: \_\_\_\_\_

Graduate Degree: \_\_\_\_\_

Institution: \_\_\_\_\_

Name of nominator: \_\_\_\_\_

Preferred email: \_\_\_\_\_

Preferred phone: \_\_\_\_\_ Is this work or home/cell? \_\_\_\_\_

## NOMINATION CHECKLIST

- Official MSCA nomination form
  
- Statement from the nominator. The nominator may be the Division Counseling Association or any individual. The statement should describe the reasons for the nomination, explaining the program, activities or contributions which demonstrate the individual's worthiness to receive the award. This work must relate to the recognition criteria of the award. The nominator will be asked to present the award at the Recognition Banquet.
  
- Testimonies and/or letters of recommendation demonstrating nominee's worthiness to receive the award. **This must include (but is not limited to):**
  - Letter of recommendation/support from the nominee's supervisor/administrator.
  - Letter of recommendation/support from a colleague
  - Two letters of recommendation/support from other administrators, colleagues, parents, students, community leaders, etc.

**Award materials must be uploaded as one packet by February 14<sup>th</sup>**

Please send questions to [rkern@g.sebeka.k12.mn.us](mailto:rkern@g.sebeka.k12.mn.us) or call 218.837.5101 ext. 164