# 2013 SDSCA Awards Nomination Information



## To make a nomination, please complete the nomination form and provide two letters of support.

***Orv Schmieding Award***

The purpose of this award is to recognize outstanding service to the area of school counseling over an extended period of time. This is the top award determined by the SDSCA Awards Committee. Consider these points:

* Length of time as a school counselor.
* Contributions to SDSCA
* Professional contributions
* Civic and local contributions

***Outstanding Professional School Counselor***

This award is in recognition of a school counselor who:

* Has made outstanding contributions to their school, the counseling profession, or the community served
* Has excellent rapport with pupils, parents, and school personnel
* Is a highly respected counselor of students
* Is a current member of SDSCA with a Masters degree and is certified by the State of SD
* Has worked as a school counselor during the past year
* Is working towards the development or maintenance of a comprehensive school counseling program

***Rising Star***

This award is in recognition of a school counselor who:

* Is a newcomer to the profession, who has entered the field within the last five years
* Is a model for new counselors demonstrating highest standards of professional competence
* Has made outstanding contributions to the school community and/or profession
* Has demonstrated excellent rapport with students, parents and school personnel
* Is a current member of SDSCA with a Masters degree and is certified by the State of SD

***Special Award***

This award is given in recognition of a person or organization that has:

* Made a contribution of unusual significance that substantially affects the school counseling profession, or
* Made a contribution that directly affects counselors; students; or a school program, and
* Is not eligible for any of the other awards.

# 2013 SDSCA Awards Nomination Form



|  |  |
| --- | --- |
| Nominee | |
|  | |
| Name |  |
| Home Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| School District |  |
| Work Phone |  |
| E-Mail Address |  |

|  |
| --- |
| Award Category |
| \_\_\_ |
| \_\_\_ **Orv Schmieding Award** |
| **Outstanding Professional School Counselor** |
| **Rising** **Star** |
| \_\_\_ **Special** **Award** |

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| --- |
| Nomination Statement: (attachments accepted) |
| Briefly explain why you have nominated the above counselor for the selected award. |
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|  |  |  |  |
| --- | --- | --- | --- |
| Person Nominating: (\* nominating individual must seek two letters of support separate from the nomination statement) | | | |
|  | | | |
| Name |  | | |
| Street Address |  | | |
| City ST ZIP Code |  | | |
| Home Phone |  | | |
| Work Phone |  | | |
| E-Mail Address |  | | |
| Is it okay for the nominee to know I nominated them: | | | |
| \_\_\_ No | | \_\_ Yes | \_\_\_ Does not matter |

**Nomination form and two letters of support need to be postmarked by March 8th, 2013 and mailed to: Tobin Bakkedahl 930 E. 6th St. Sioux Falls SD 57103**

**or by email: tobin.bakkedahl@k12.sd.us**