**G-CASE Nominations are now being accepted for the**

**2017 Outstanding New Special Education Director Award**

Each year G-CASE recognizes a Special Education Director with five or less years of experience who has demonstrated exemplary leadership and service as a special education administrator. This individual characterizes resourcefulness, compassion and professionalism as a leader. The Outstanding New Special Education Director has earned the respect of teachers, students, parents and fellow administrators. We encourage you to nominate an individual who deserves to be recognized for the outstanding job he or she is doing.

**Qualifications:**

The Candidate must:

* be a current Special Education Director with 5 or less years of experience as a director
* be a member of G-CASE
* demonstrate exemplary leadership and service as a special education administrator
* demonstrate care and concern for students and families with disabilities
* contribute to the field of special education
* be actively involved in professional and community affairs
* be recognized as an outstanding leader in their local district and/or by the state

**Nomination Requirements:**

Nominations may be made by an individual or group as long as the nomination originates within the school system and the nomination form is endorsed by a current active member of G-CASE.

* Completed nomination form (attached)
* Narrative detailing exemplary service as a Special Education Director (two page max)
* At least 2 letters of support

**Deadline for Nominations**: **March 8, 2017**

**Nominations may be submitted electronically by email to**

**Allison Oxford**

Phone: (706) 537-5056

Email: [aoxford469@gmail.com](mailto:aoxford469@gmail.com)

**Nomination Form – 2017 Outstanding Special Education Director**

Name of Nominee:

School System:

Position:

Work Address:

Email Address:

Work Phone:

Cell Phone:

Number of Years in Education:

Number of Years in Current Position:

Number of Years as a G-CASE Member:

Name of Person Making Nomination:

Email Address:

Work Phone:

Cell Phone:

**Please submit this information electronically to** [aoxford469@gmail.com](mailto:aoxford469@gmail.com)

**If you have questions, please contact Allison Oxford at** [**aoxford469@gmail.com**](mailto:aoxford469@gmail.com) **or (706) 537-5056**