

800 Governors Drive Pierre, SD 57501-2235

T: 605,773,3134 F: 605,773,6139 www.doe.sd.gov

To: Parents/guardians of students in special education

From: Linda Turner, Director
Brandi Gerry, Program Specialist

Division of Special Education and Early Learning

Date: Jan. 5, 2023

Re: Parent/guardian nomination form for the 2023 Special Education Staff of the Year

The Office of Special Education Programs would like to honor an individual who works in the special education field and has positively impacted the life of a student. A parent/guardian can nominate any staff member working with students in special education including (but not limited to) teachers, paraprofessionals, speech therapists, occupational therapists, physical therapists, and special education directors. Please use the attached nomination form.

Nominations may be mailed to the address at the bottom of the form or emailed to Brandi Gerry at <u>brandi.gerry@state.sd.us</u>. Please submit entries by Feb. 10, 2023. The winner of this award will receive free registration for the 2023 Special Education Conference being held in Deadwood on March 14-15. The recognition award will be presented during the awards luncheon to be held on Tuesday, March 14, from 12:30-1:30 p.m. MT.

If you have any questions, please contact Brandi Gerry at brandi.gerry@state.sd.us.



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South Dakota Parent/Guardian Nominated Special Education Staff of the Year Award

| Nomination Form | |
|---|---|
| Special Education Staff Nominee Informame: | rmation Position: |
| Traine. | T OSICION. |
| Phone Number: | Email Address: |
| School Name: | District Name: |
| This can include impact on the student attributes about the staff member that | aff nominee does to provide exemplary services to your student. t's growth, academic or community involvement as well as t contribute to student success (including communication, positive |
| attitude, and relationships). Please be | specific and provide examples. |
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| Parent/Guardian Nominator informat | ion |
| Parent/Guardian Name: | |
| Phone Number: | Email Address: |
| Date: | Signature: |