

Awards Nomination Form

Learning Disabilities Association of Kansas

Awards Nomination Form

Complete Form and Mail by **October 14** to:

Sharyl Kennedy
4901 Reinhardt Drive
Roeland Park, KS 66205

Nominee

Name: _____

Home Phone: _____ **Cell Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Position: _____

Where: _____

Email: _____

Award (check one please)

- Outstanding Special Education Teacher
- Outstanding Professional
- Outstanding Student
- Swalwell Award for Parent of the Year

Qualifications

Please describe the nominee's service to the Learning Disabled:

In what way has the nominee's performance been outstanding and unusual?

Nominator

Name: _____

Home Phone: _____ **Cell Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Position: _____

Where: _____

Email: _____

Thank you so much for taking the time to submit your nomination!