

# Awards Nomination Form



www.ldakansas.org

## 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!