

**VIRGINIA DIVISION ON CAREER DEVELOPMENT AND TRANSITION (VA DCDT)
2019 EMPLOYER OF THE YEAR AWARD**

The Virginia Division on Career Development and Transition (VA DCDT), a division of the Council for Exceptional Children (CEC), is a membership organization for persons and families interested in career and vocational issues for students with disabilities. The mission, principles, and beliefs guide our work and focus on career development and transition from school to adult life for individuals with disabilities.

The VA DCDT EMPLOYER OF THE YEAR Award recognizes a business or corporation that has promoted and provided the enhancement and employment of individuals with disabilities in order to promote and support their full participation in the community.

NOMINEE ELIGIBILITY REQUIREMENTS

- Must be a business or corporation
- May be a private or public business or corporation of any size
- Efforts of the business/corporation being recognized must be consistent with VA DCDT's mission statement as described in the first paragraph

AWARD BENEFITS

The VA DCDT Employer of the Year Award recipient will:

- Be recognized at the 2019 VA DCDT Conference on **Monday, March 25th at 4:30 PM**
- Receive a placard and an opportunity to attend the conference's Laugh and Learn
- Be highlighted on the VA DCDT social media platforms as well as the website

NOMINATION INSTRUCTIONS

- Complete the Nomination Form (Page 2)
- Provide a brief narrative to extol the employer's efforts that provide opportunities to students with exceptionalities (maximum 500 words, double space, 12 pt. font)

SUBMISSION OF NOMINATION

Nominations should be attached to an e-mail by **March 1, 2019.**

For e-mail nominations, please put "VADCDT AWARD" in the subject line.

Email Nominations to: Jessica Queener, Ed.D.
 queenerj@iel.org

If you have questions, please email Jessica Queener queenerj@iel.org

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NOMINATION FORM

DCDT uses information on the nomination form for all future correspondence and publicity. Please make sure all information is accurate, legible and spelled correctly.

Nomination of _____
City _____
Telephone Number _____
E-Mail _____
Name of Employer _____

Nominating Person

Person Submitting Nomination _____
City _____
Telephone Number _____
E-Mail _____
Current Job Title / Affiliation _____

- PROVIDE A BRIEF NARRATIVE (maximum 500 words, double space, 12 pt. font) DETAILING WHY THE NOMINEE SHOULD RECEIVE THE AWARD BY PROVIDING EVIDENCE OF HIS OR HER IMPACT AND EFFECTIVENESS ON TRANSITION AND SUBMIT BY **MARCH 1, 2019.**