

**VIRGINIA DIVISION ON CAREER DEVELOPMENT AND TRANSITION (VA DCDT)
2020 TRANSITION PRACTITIONER 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 TRANSITION PRACTITIONER OF THE YEAR award recognizes a practitioner who has demonstrated excellence in providing services to youth/school divisions in the transition process.

NOMINEE ELIGIBILITY REQUIREMENTS

- The work of the nominee must be consistent with VA DCDT's mission statement described in the first paragraph
- Nominee must be a teacher, case manager, or counselor
- Posthumous nominations are **not** accepted

AWARD BENEFITS

The VA DCDT Transition Practitioner of the Year Award recipient will:

- Be recognized at the 2020 VA DCDT Conference on **Tuesday, March 24th, at 11:30am**
- Receive a placard and an opportunity to attend the conference's luncheon
- 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 (maximum 500 words, double spaced, 12 pt. font) detailing why the individual should receive this award

SUBMISSION OF NOMINATION

Nominations should be attached to an e-mail by **March 1, 2020**.
For e-mail nominations, please put "VADCDT AWARD" in the subject line.

Email Nominations to: Karen Akom, Ed. D
kakom@hcps.us

If you have questions, please email Karen Akom kakom@hcps.us

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NOMINATION FORM

VA 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 _____
Current Job Title/Affiliation _____

Nominating Person

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

- ATTACH 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, 2020.**