

OSPA School Psychologist of the Year Nomination Form

Candidate Information

Name: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____ Work Phone: _____

Majority of Position in Direct Service: YES NO

Job Title: _____

Employer: _____

Population and Grades Served: _____

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Nominator Information

Name: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____ Work Phone: _____

Signature: _____ Date: _____

Statement about Candidate:

A professional statement (600 words or less) which includes professional accomplishments, contributions to the field, and commitment to the field of school psychology in Oklahoma.

Nominations are due by October 1st, 2018
The nomination form should be uploaded and sent to: ospasubmissions@gmail.com