



**Inclusive Practice Award 2015
Nomination Form**

This nomination is being made by:

Name:

Phone:

Email:

The individual or team being nominated:

Name:

Phone:

Email:

Address:

School/Program:

Principal of school:

Email of Principal:

Special Education Director:

Director's email:

1. Biographical Information about the person/team being nominated:

2. Describe how the individual/team involves parents as an equal partner in their child's education:

3. Describe how the individual/team encourages students' self-determination:

4. Describe how the individual/team promotes inclusive practices that allow students with disabilities to be included with peers and the school community:

5. Describe how the individual/team provides leadership to share the values of inclusion in their school community:

6. Describe how the individual/team modifies curricula or provides support services that enables access to the regular curriculum and classroom:

7. Please describe the partners and supports that make this possible:

Please send completed forms to Christie Reinhardt by January 12, 2015:

- Email to: christie.reinhardt@alaska.gov
- FAX to: (907) 269-8995
- Mail: Governor's Council on Disabilities & Special Education
Education Committee/Inclusive Awards
3601 C Street, Suite 740
Anchorage, AK 99503
- Phone: (907) 269-8462

Creating Change That Improves the Lives of People with Disabilities