



# *Inclusive Practice Award 2014*

## *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 student's 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:*
  
7. *Please describe the partners and supports that make this possible:*

*Please send completed forms to Christie Reinhardt by January 17, 2014:*

- *email to [christie.reinhardt@alaska.gov](mailto:christie.reinhardt@alaska.gov)*
- *FAX to: (907) 269-8995*
- *Phone: 907-269-8462*
- *Mail: Governor's Council on Disabilities & Special Education  
Education Committee/Inclusive Awards  
PO Box 240249  
Anchorage, AK 99524-0249*

*Creating Change That Improves the Lives of People with Disabilities*