

TEDA HALL OF HONOR NOMINATION PROCESS

The Texas Educational Diagnosticians' Association (TEDA) Hall of Honor recognition is the highest honor given by TEDA to recognize members, former members, and others who have demonstrated outstanding service to the professional community of Educational Diagnosticians' and the TEDA organization.

CRITERIA

1. Nominee must have given exemplary service to TEDA.
2. Nominee may be a current or former TEDA member or other individual who has made a significant contribution to TEDA.

NOMINATION SUBMISSION ELIGIBILITY

Any current member of TEDA may nominate a candidate for the Hall of Honor. A TEDA member may only nominate one candidate for the Hall of Honor each year.

NOMINATION PROCESS

The call for nominations for Hall of Honor will be sent to all current TEDA members through the *DiaLog* and/or electronic communication following the Annual Conference. The nomination form will be posted on the TEDA website at www.txeda.org.

TIMELINE

Nominations must be received by the TEDA Board no later than 90 days prior to the annual conference. **Refer to www.txeda.org for the current year deadline to submit a nomination.**

SELECTION

TEDA Board will make final selection of the Hall of Honor recipient(s). Recognition of the Hall of Honor recipient(s) will be made at the Annual Conference, in the *DiaLog*, and through notification of appropriate stakeholders (e.g. school district, charter school, etc.).

TEDA HALL OF HONOR NOMINATION FORM – SECTION I

TEDA Hall of Honor Nominee

Name _____
Title _____
Name of Organization _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone _____

Nominee's School District/SSA _____
Nominee's Current Title/Position _____
Total Number of Years with TEDA _____

Is nominee an active member of TEDA (dues paid for current year)? Yes ___ No ___

TEDA Member Submitting Nomination*

Name _____
Title _____
TEDA Chapter _____ Region _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone _____

TEDA Member Completing Nomination Form

Signature _____ Date _____

***Person making nomination must be an active (dues paid) member of TEDA.**

TEDA HALL OF HONOR

NOMINATION CHECKLIST

- Contact nominee to confirm s/he will accept nomination
- Complete all sections of the nomination form
- Attach additional information that will support the nomination
- Submit completed nomination form to TEDA President or Board member by published deadline

TEDA HALL OF HONOR EVALUATION FORM

Name of Nominee _____ Region _____

Received by _____ Date Received _____

Area	Possible Points	Evaluation Score
A. State/Local Committee Memberships	10	_____
B. TEDA Offices Chapter Level	10	_____
C. TEDA Offices State Level	10	_____
D. Participation at TEDA/Chapter or TEDA-Sponsored Events (e.g. Conferences, Programs, etc.)	5	_____
E. Representation with other Organizations	5	_____
F. Support to Diagnostician Community (e.g. Supervision, Collaboration, Training, etc.)	10	_____
<u>TOTAL</u>	50	_____

Rater _____