

DIAGNOSTICIAN OF THE YEAR NOMINATION PROCESS

The Diagnostician of the Year recognition is the honor given by a chapter to recognize a member who has demonstrated outstanding service to the professional community of Educational Diagnosticians in the region.

CRITERIA

1. The nominee is a certified educational diagnostician in good standing with the State Board for Educator Certification (SBEC) in Texas.
2. The educational diagnostician nominee demonstrates ethical and professional practices, roles, and responsibilities in the areas of general and special education.
3. The nominee has given exemplary service to the Chapter.
4. The nominee must be a current Chapter member who has made a significant contribution.

NOMINATION SUBMISSION ELIGIBILITY

Any current member of the Chapter may nominate a candidate for the Diagnostician of the Year recognition. A Chapter member may only nominate one candidate for the Diagnostician of the Year each year.

NOMINATION PROCESS

The call for nominations for Diagnostician of the Year will be sent to all current Chapter members.

TIMELINE

Nominations must be received by the Chapter Board by the date chosen by the chapter.

SELECTION

The Board will make the final selection of the Diagnostician of the Year chapter recipient(s). TEDA will also recognize the Diagnostician of the Year recipient (e.g., Annual Conference, DiaLog, etc.) **if** the information is forwarded by the Chapter to the TEDA Board president prior to the annual conference. (See publicized date.)

DIAGNOSTICIAN OF THE YEAR

NOMINATION FORM – SECTION I

Chapter _____ Region _____

Diagnostician of the Year Nominee

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

Is nominee an active member of TEDA (dues paid for current year)?

Yes ___ No ___

Chapter Member Submitting Nomination*

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

Chapter Member Submitting Nomination

Signature _____ Date _____

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

**DIAGNOSTICIAN OF THE YEAR
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 Chapter President or Board member by published deadline

DIAGNOSTICIAN OF THE YEAR EVALUATION FORM

Name of Nominee _____

Chapter _____ Region _____

Received by _____ Date Received _____

Service and Contributions	Possible Points	Evaluation Score
A. State/Local Committee Memberships	10	_____
B. Chapter Offices	10	_____
C. TEDA (State Level) Offices	5	_____
D. Participation at Chapter or TEDA-sponsored Events (e.g. Conferences, Programs etc.)	10	_____
E. Non-Chapter/TEDA Continuing Professional Development in Evaluation Practices	5	_____
F. Support to Diagnostician Colleagues (e.g. Mentoring, Collaboration, Training, etc.)	10	_____
<u>TOTAL</u>	<u>50</u>	_____

Rater _____