



**Connecticut School Counselor Association
Professional Recognition Awards**



Connecticut School Counselor Association Professional Recognition Awards

Nominate your outstanding program and get recognized for all the hard work you do at a Board of Education meeting!

CSCA members may submit a program in *one* of the following three areas:

I. Comprehensive School Counseling Program

Documentation should indicate:

- a) Written philosophy
- b) Goals and objectives
- c) Guidance procedures/guidelines
- d) Student outcomes
- e) An outline of the program that addresses the needs of all students at each grade level

II. Student Program* or Parent Program*

Documentation should indicate:

- a) Specific issue(s) being addressed
- b) The need for the program
- c) The goals and objectives
- d) An outline of the sessions
- e) Selection method and number of students or parents involved
- f) Evaluation
- g) An explanation of how the program is connected to a Comprehensive Developmental School Counseling Program

* Programs must be counselor developed

III. Data-driven School Counseling Program: M.E.A.S.U.R.E.

Documentation should include:

- a) A completed M.E.A.S.U.R.E. (An Accountability model in which school counselors identify and positively impact student success)
- b) Completed STEP SIX: Report Card
- c) Examples of Strategies used to implement Step Four

Additional Information

A program shall be selected on the basis of its merit and how it impacts the School Counseling Program, school counselors, the counseling profession, or students. The procedure(s) must be in writing and provide clear guidelines for its implementation.

All applicants must be current members of CSCA



**Connecticut School Counselor Association
Application for Professional Recognition Award**

All applicants must be current members of CSCA

THIS FORM IS TO BE SUBMITTED IN FULL WITH ALL DOCUMENTATION (please print clearly)

SUBMITTING DOCUMENTATION FOR (check one):

- Comprehensive Developmental School Counseling Program**
- Student Program**
- Parent Program**
- M.E.A.S.U.R.E.**

APPLICANT INFORMATION:

School Counselor(s) Name(s)

School District _____

School Name(s) _____

School Address _____

Telephone (____) _____

SUPERINTENDENT:

Name _____

Address _____

Telephone () _____

BOARD OF EDUCATION:

Chairperson _____

Meeting Dates/Time _____

By signing below I state that all information on this application as well as supporting documentation is accurate, and that all applicants are current members of CSCA.

School Counselor Signature _____ Date _____

Applications MUST be complete for consideration

Please return all completed applications and supporting materials by April 30 to:

Dr. Nicole DeRonck
Newington High School
605 Willard Avenue
Newington, CT 06111