

## **Connecticut School Counselor Association** **2011-2012 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 Developmental School Counseling Program**

Documentation from the district must include:

- 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
- h) Examples

\* 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

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

Completed applications and **supporting documentation** are due by **April 30, 2012**.

Review of entries will be completed by the end of May and recognition in the form of a wall plaque will be presented to the counselor(s) at a local Board of Education meeting in the Fall of 2012.

***All Applicants must be current members of the***  
**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)

School Counselor(s) (names as they will appear on award certificate)

\_\_\_\_\_

School District \_\_\_\_\_

School Name(s) \_\_\_\_\_

School Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

SUBMITTING DOCUMENTATION FOR (check *one*):

\_\_\_\_\_ **Comprehensive Developmental School Counseling Program**

\_\_\_\_\_ **Student Program**

\_\_\_\_\_ **Parent Program**

\_\_\_\_\_ **M.E.A.S.U.R.E.**

SUPERINTENDENT:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

BOARD OF EDUCATION:

Chairperson \_\_\_\_\_

Fall meeting dates/time \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_

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.

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Applications **MUST** be complete for consideration\*

Please return all completed materials by April 30th, 2012 to:

**Giovanna Ramos, MS**  
**Director of School Counseling**  
**Wolcott High School**  
**457 Bound Line Rd**  
**Wolcott, CT 06716**