

Chickasha Public Schools
**EDUCATIONAL SUPPORT PROFESSIONAL
OF THE QUARTER**
NOMINATION FORM

_____, 200_____
Month Year

Nominee's name: _____ Site: _____

Submitted by: _____

Please write legibly one paragraph describing the reason this particular person deserves to be nominated as the *outstanding* nominee of the quarter:

Rules:

- One submission per person per quarter.
- No anonymous entries. Any anonymous entries will be discarded.
- Nominations may be delivered or sent to the Superintendent's Office.
- All nominations must be in sealed envelopes.
- Submissions deadline is the end of each quarter.