**Milestones 2015 Individual Awards Nomination Form**

Deadline: January 15, 2015



Milestones Autism Resources annually awards **parents, professionals, and teens** who have gone above and beyond the call of duty in serving others. Awards are presented at our annual June Conference.

Please feel free to nominate an individual you think is deserving of one of the following awards:

**\_\_\_\_ Community Innovator Award** For an individual who has made a profound impact on the community at large

by creating innovative services or products that benefit those with special needs

**\_\_\_\_ Outstanding Educator Award** For an exemplary educator who has designed exceptional programming or

 Instruction for students with special needs

**\_\_\_\_ Parent Tribute Award** For a parent who has gone above and beyond their own child, such as

developing resources or services

**\_\_\_\_ Personal Achievement Award** For a person with autism who has achieved individual excellence in

accomplishing a personal goal or milestone (no age requirement)

**\_\_\_\_ Professional Excellence Award** For a professional who has extended her or himself to make a difference

in the lives of children and families

**\_\_\_\_ Teen Trailblazer Award** For a teen who has been a role model and inspiration to others in the community

Person You Are Nominating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee’s Title, Affiliation & Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Connection to Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Title, Affiliation & Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following questions will guide the selection process. Please answer completely and provide specific examples about the person you are nominating. You can use additional space as needed.**

**Why do you feel this person deserves to be recognized?**

**What has this person done within a school, community or organization to support individuals with special needs?**

 Please submit completed form to Leslie Rotsky at lrotsky@milestones.org or by fax to 216.464.7602. Thank you!