



WISCONSIN COUNCIL OF ADMINISTRATORS  
OF SPECIAL SERVICES (WCASS), LTD.  
THE COUNCIL FOR EXCEPTIONAL CHILDREN

NOMINATION FOR WISCONSIN CASS AWARD

Check One:

- |   |  |
|---|--|
| <input type="checkbox"/> Person with Disabilities   | <input type="checkbox"/> CWD Teacher             |
| <input type="checkbox"/> General Ed. Teacher/Integration Team   | <input type="checkbox"/> CWD Teacher Aide        |
| <input type="checkbox"/> Pupil Services (i.e. nurses, social workers,<br>psychologists, counselors, at-risk teachers) | <input type="checkbox"/> Support/Related Service |
|   | <input type="checkbox"/> Administrator           |

Please prioritize nominations if more than one is made in the same category.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SCHOOL DISTRICT: \_\_\_\_\_

Explain in a paragraph or two, why you are nominating this person/team for recognition.

WCASS Member Recommending Award: \_\_\_\_\_  
WCASS Region: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Return your completed nomination forms by March 28, 2011 to either:

Bonnie LeMense  
Forest Glen Elementary School  
1935 Cardinal Lane  
Green Bay, WI 54313  
e-mail: bonnleme@hssd.k12.wi.us

Sue Goron  
Syble Hopp School  
755 Scheuring Rd.  
DePere, WI 54115  
e-mail: sgoron@new.rr.com