## MS ACTE OUTSTANDING PROGRAM AWARD PROCEDURES AND GUIDELINES DEADLINE: JANUARY 31<sup>ST</sup>

This award is presented at the Summer Business Meeting of MS ACTE each year to a secondary and postsecondary career and technical program, which has been in operation for at least three years. Nominations may be made by a teacher, director, counselor, or supervisor.

#### **PROCEDURES**

- 1. Submit the attached nomination form.
- 2. Submit all required information on 8 1/2x 11 paper in typewritten form. Nominations should not exceed fifteen (15) pages.
- 3. All submitted photos must be corner-mounted or behind sheet protectors and have appropriate captions.
- 4. Send all completed information and materials to:

MS ACTE Awards Program
Jennifer Richardson, Chair
<u>irichardson@madison-schools.com</u>
(601) 259-4381

5. All information must be received by the awards committee no later than January 31st.

#### **GUIDELINES**

Submit documentation of the following:

- 1. The program must have been operational for at least three (3) years.
- 2. The program must be well attended and have successful placement.
- 3. The program must work cooperatively with business, labor leaders, and local organizations.
- 4. The program should provide "hands-on" experiences in laboratories, shops, and/or work sites.
- 5. The instructor(s) must be well qualified.
- 6. The program must have some procedure for self-evaluation and feedback from students, employers, and other concerned individuals and groups.
- 7. The program should be able to provide narrative, statistical and photographic evidence of the requested guidelines.
- 8. The program should be able to secure three (3) letters of recommendation indicating success of the program from the educational as well as business/industry perspective.

### MS ACTE OUTSTANDING PROGRAM AWARD NOMINATION FORM

DATE	
NAME OF PROGRAM BEING NOMINA	TED
SECONDARY	POSTSECONDARY
NAME OF LEAD TEACHER/ADMINISTR	ATOR
CURRENT MS ACTE MEMBER: YES	NO
SCHOOL	
ADDDRESS OF PERSON RESPONSIBLE	FOR PROGRAM: STREET OR BOX NO.
	MS ZIP
TELEPHONE	
HAS THE PROGRAM BEEN IN OPERATI	ON FOR AT LEAST THREE (3) YEARS?
YES NO (ANSWER MUST E	BE "YES" TO QUALIFY)
#######################################	!######################################
NAME OF NOMINATOR	
PLACE OF EMPLOYMENT	
ADDRESS	
	MS ZIP
TELEPHONE	
E-MAIL ADDRESS	
NOMINATOR'S SIGNATURE	DATE

# MS ACTE OUTSTANDING PROGRAM AWARD EVALUATION FORM

NAME OF PROGRAM		
SECONDARY	POSTSECONDARY	
SCHOOL		
CTE FUNDED? YES	NO	

CRITERIA	MAXIMUM POINTS	SCORE
1. Length of operation (minimum 3 years)	10	
2. Attendance and placement	25	
3. Evidence of cooperation with business, labor leaders, and local organizations	15	
4. Evidence of "hands-on" experience in labs, shops, and/or work sites	10	
5. Well-qualified instructors	10	
6. Evidence of self-evaluation feedback from employers and others	10	
7. Narrative, statistical, and photographic evidence	10	
8. Letters of recommendation	10	
Total Points:		

EVALUATOR'S INITIALS	