

**DEADLINE: JUNE 1<sup>ST</sup>**

## **MS ACTE OUTSTANDING PROGRAM AWARD PROCEDURES AND GUIDELINES**

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.

Send all completed information and materials to:  
MS ACTE Awards Program  
Kate Scott, Chair  
kscott@forrestcountyahs.com  
601.606.0577

**NO LATER THAN JUNE 1<sup>ST</sup>.**

### **GUIDELINES**

NOTE: 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 NOMINATED \_\_\_\_\_

SECONDARY \_\_\_\_\_ POSTSECONDARY \_\_\_\_\_

NAME OF LEAD TEACHER/ADMINISTRATOR \_\_\_\_\_

CURRENT MS ACTE MEMBER: YES \_\_\_\_\_ NO \_\_\_\_\_

SCHOOL \_\_\_\_\_

ADDRESS OF PERSON RESPONSIBLE FOR PROGRAM: STREET OR BOX NO.

\_\_\_\_\_

CITY \_\_\_\_\_, MS. ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

HAS THE PROGRAM BEEN IN OPERATION FOR AT LEAST THREE (3) YEARS?

YES \_\_\_\_\_ NO \_\_\_\_\_ (ANSWER MUST 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 \_\_\_\_\_

	MAXIMUM POINTS	SCORE:
1. LENGTH OF OPERATION (MINIMUM 3 YRS)	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 \_\_\_\_\_