**2016 Seeing Beyond the Horizon Awards**Nomination Package

**Recognizing Excellence**  
Do you have a colleague who provides exceptional service to students who are blind, partially sighted or deafblind? Do you know someone who provides resources or support services that enhance the lives of students who are blind, partially sighted or deafblind? Honour their contributions today by nominating them for a 2016 Seeing Beyond the Horizon Award.

**Awards Ceremony (May 6, 2016)**

The 2016 Seeing Beyond the Horizon Awards will be presented at the Canadian Conference for Educators, Parents and Professionals of Children who are Blind or Partially Sighted reception hosted by the BC Vision Teachers Association with the support of Shared Vision BC and PRCVI, May 6, 2016 at the Conference Venue, Sheraton Vancouver Airport Hotel, Richmond, B.C.

**Awards Available**

The **Excellence in Teaching** **Award** will be presented to an individual who is engaged in direct service to children and youth who are blind, partially sighted or deafblind. The recipient demonstrates innovation and dedication as an educator of children and youth who are blind, partially sighted or deafblind and whose service, innovative approach, and dedication have been outstanding in the field of education of students who are blind, partially sighted or deafblind.

The **Distinguished Service Award** shall be presented to an individual who is indirectly involved in activities that substantially benefit or contribute to the education of children and youth who are blind, partially sighted or deafblind. The intent of this award is to acknowledge and celebrate those in administrative positions, university professors, braille transcribers, etc.

*Eligibility: These awards are open to any individual who provides services to Canadian students who are blind, partially sighted or deafblind.*

**How will recipients be chosen?**

A selection panel, made up of members from the vision education community, will select the winners. The panel will assess nominations on how closely they meet the category criteria.

**Award Criteria**

The Nominee:

* serves with long-standing dedication to students who are blind, partially sighted or deafblind;
* contributes to innovation or creative programs for students who are blind, partially sighted or deafblind
* sees the ability in every student and encourages students to see ability within themselves;
* contributes to a collaborative teaching and learning environment;
* supports, facilitates, and promotes continuous professional learning in the field;
* sets high standards and helps others reach them; and
* enhances the lives of students who are blind, partially sighted or deafblind.

**How do I nominate someone?**

1. Complete the nomination form. Attach a nomination letter outlining how the candidate meets the selection criteria (not to exceed three pages). Letters must contain an original signature.
2. Collect letters of support from two other people (not to exceed two pages each), including original signatures.
3. Obtain the nominee’s permission.
4. Submit the entire package by the deadline of **March 14, 2016**.

**What information should be included in the nomination letter?**

Your letter should give reasons for nominating this person, supported by clear examples. Nomination letters should not exceed 3 pages in length (12 point font). In writing this letter you may wish to consider the following:

* Why should this person be selected for this award?
* How does this person demonstrate their dedication to students, staff and/or community?
* What innovative practices have they contributed to further student learning?
* How does this person demonstrate their belief that every student can learn? How do they foster this belief in others?
* How does this individual contribute to a professional, collaborative teaching and learning environment?
* In what ways has this person enhanced the lives of students who are blind, partially sighted or deafblind?

**Who should write a letter of support and what should be included?**

Letters of support should be written by someone who has direct experience or knowledge of the nominee’s contributions. Support letters should provide clear evidence and examples that demonstrate how the nominee meets the selection criteria. Support letters should not exceed two typed pages (12 point font).

**2016 Seeing Beyond the Horizon Awards**Nomination Checklist

Please ensure your nomination package includes all of the following:

* Cover Sheet and Nomination Letter with your signature
* Nominee’s Consent Form, signed by the person being nominated
* Letters of support from two other people, each signed by the person   
  providing the letter

All items above must be mailed together, not “to be forwarded at a later date”. If any items are missing, the nomination will not be processed for consideration.

The completed nomination form and all supporting materials should be mailed in one package to:

Seeing Beyond the Horizon Conference

Awards Committee  
Manitoba Education and Advanced Learning  
204-1181 Portage Ave

Winnipeg, MB  
R3G 0T3

Attn: Laura Roy, Awards Committee Chair

**All nominations must be received   
or postmarked by: March 14, 2016**

**Nomination Form**

Check the award for which you are making a nomination:

      Excellence in Teaching       Distinguished Service Award

**Contact Information (about the person I am nominating)**

|  |
| --- |
| Last Name:       First Name: |
| Position/Title: |
| Employed at: |
| Address: |
| Work Telephone: (       )       Home Telephone: (      ) |

**My Information**

|  |
| --- |
| I am a:      Student      Teacher      Parent     Administrator     Professor     Other |
| Last Name:      First Name: |
| Address: |
| Work Telephone: (       )      Home Telephone: (       ) |
| E-mail Address: |

**Information on Supporters (the two people submitting letters of support)**

|  |
| --- |
| **1.** Last Name:       First Name: |
| I am a:      Student      Teacher      Parent     Administrator     Professor     Other |
| Position/Title: |
| Employed at: |
| Work Telephone: (       )       Home Telephone: (      ) |
| E-mail Address: |
| Relationship to person being nominated: |
| Length of time you have known the work of this candidate: |

|  |
| --- |
| **2.** Last Name:       First Name: |
| I am a:      Student      Teacher      Parent     Administrator     Professor     Other |
| Position/Title: |
| Employed at: |
| Work Telephone: (       ) Home Telephone: (       ) |
| E-mail Address: |
| Relationship to person being nominated: |
| Length of time you have known the work of this candidate: |

****

**Nominee’s Consent Form**

To be completed by the nominee:

|  |
| --- |
| Last Name:       First Name: |
| Street Address: |
| Employed at: |
| Address (in full): |
| Work Telephone: (       )       Home Telephone: (       ) |
| E-mail Address: |
| Number of years engaged in supporting students who are blind or who have low vision:  Please briefly outline highlights of your employment history and/or academic career: |

I      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ accept this nomination and acknowledge that the information contained on this form is, to the best of my knowledge, current and accurate.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 Signature of Nominee Date