

**Carroll Independent School District
Central Administration Office
Personnel Services
2400 N Carroll Avenue
Southlake, Texas 76092**

To: Carroll ISD Employees

From: Elaine Langston
Director of Personnel Services

Date: March 18, 2019

Subject: **Core Value Award: Excellence**

The Core Value Awards are sponsored through a generous We Care donation from Linebarger Goggan Blair & Sampson, LLP.

Award Description:

The purpose of the **Carroll ISD Core Value Award for Excellence** is to honor a member of the Carroll ISD staff who understands where the Dragon tradition of excellence came from and is an active participant in maintaining excellence in Carroll ISD. This employee recognizes that passion sustains excellence, and embraces the fact that all decisions should be student-centered, in an effort to better create and sustain an environment that fosters excellence.

Nomination/Award Eligibility:

Any student, parent, CISD employee, or community member can nominate a current CISD employee. Individuals who may be recognized are any employee of Carroll ISD, both inside the classroom and out.

Selection Process:

A committee of district staff, Parent-Teacher Organization members and Board Trustees will consider all nominations. The recipient(s) of this annual award will be recognized at the End-of-Year Reception on ***Wednesday, May 22, 2019***

Deadline for Nominations: April 1, 2019

Nominations should be submitted to the attention of Deanna Vickers at the Central Administration Building, 2400 N Carroll Avenue or E-mailed to deanna.vickers@southlakecarroll.edu by 4:30 p.m. on the deadline date. You may also choose to fax your nomination to 817-949-8229.

Carroll Independent School District Core Value Award: Excellence

Deadline for Nominations: Monday, April 1, 2019

Please print neatly, type, or use a computer to complete this application. Please use a 10 point font size or larger. If generating this on a computer, you may replicate the information printed on this page and use no more space than what is allocated on the printed form for your response.

Nominees

Name : _____ (_____) _____
(First) Nickname Middle Initial (Last)

Department: _____ Campus/Building: _____

Building Address: _____

Work Phone: (_____) _____ Fax (_____) _____

Submitted By:

Your Name: _____ Campus: _____

Date Submitted: _____ (*For office use only. Date Received* _____)

Would you like your nomination to be shared with the nominee after the awards have been presented?

_____ Yes _____ No

*Due to number of nominations we receive, these will only be distributed to those who receive an award.

Nomination Process:

1. On no more than one 8.5 x 11 page, please state the reason(s) you feel this individual deserves special recognition for his or her work as a CISD employee. Please include any tangible or intangible evidence you believe merits mention on this person's behalf.
2. Optional: Each nomination may include up to three letters of recommendation from individuals with whom the nominee has directly worked.

NOMINATION WILL NOT BE VALID UNLESS RETURNED WITH THIS FORM.