

**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: Innovation**

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 Innovation** is to honor a member of the Carroll ISD staff who places importance on innovation and continuous improvement, recognizing that they are essential for excellence and yield life-long learners. This individual is a forward thinker, and juggles new ideas and proven techniques to create learning spaces that challenge the status quo.

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: Innovation

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.