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***2021 Supervision Award Application  
Application packets must be received by September 10, 2021***

**The *Supervision Award* recognizes a member of the association who has made a significant contribution to supervision efforts or programs.**

**I. Applicant’s Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/District Website Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of years as a PASCD member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Supporting Documentation** *(Please refer to scoring rubric for additional information.)*

1. Applicant’s Resume (Educational Experiences, Work Experiences, Awards and Honors, Other Accomplishments) *(A current resume may be attached.)*
2. Description of Achievements in the Areas of Supervision

*(Two pages or less using a 12 point font and one inch margins.)*

1. Two Letters of Recommendation
   * 1. **Assurances**

A. I understand that the information provided for this award nomination will be used for the sole purpose of identifying the recipient of the 2021 PASCD *Supervision Award*.

1. I certify that all statements made here are true, complete, and accurate to the best of my knowledge.

*Applicant’s Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forward Completed Application Packet to:** Dr. Bryan O’Black, Deputy Superintendent

Shaler Area School District

1800 Mt. Royal Blvd.

Glenshaw, PA 15116

Questions to oblackb@shalerarea.org

**PASCD Supervision Award**

**Scoring Rubric**

| **CRITERIA** | | **3**  **Exemplifies**  **Characteristics** | **2**  **Moderately Meets**  **Characteristics** | **1**  **Minimally**  **Meets Characteristics** |
| --- | --- | --- | --- | --- |
| **I. Contributions in the Area of Supervision** | | | | |
|  | | | | |
| **A.** | Evidence of exemplary contributions in the area of supervision. |  |  |  |
| **B.** | Knowledgeable about and application of research-based practices in the area of supervision. |  |  |  |
| **C.** | Impact on student learning resulting from supervision efforts. |  |  |  |
| **D.** | Leadership efforts in the area of supervision. |  |  |  |
| **Comments:** | | | | |

| **Total Points** |  |
| --- | --- |