



# ADVISOR OF THE YEAR

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- A. Cover sheets and additional materials are not accepted.
- B. This form must state by whom it was completed.
- C. This form must be photocopied and typewritten. (It is permissible to use a word processor provided that the wording, spacing, and format are the same as shown on this form.)
- D. List information through the last three years only.
- E. Advisors cannot receive this award two years in a row.

(To be completed by the applicant)

Name of applicant: \_\_\_\_\_

School: \_\_\_\_\_

Principal's name: \_\_\_\_\_

School address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Number of years teaching: \_\_\_\_\_

Technology education courses currently teaching:

When TSA chapter meets: \_\_\_\_\_

## PROMOTING TSA (To be completed by the applicant)

1. Complete the following chart noting the number of students you have taught and advised during the past three years.

<u>Year</u>	<u>Number of students enrolled in Technology Education Classes</u>	<u>Number of students who are TSA members</u>
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2. Indicate the number of officer candidates you have sponsored for positions beyond the chapter level during your teaching career:

\_\_\_\_\_ Regional                      \_\_\_\_\_ State                      \_\_\_\_\_ National

3. List the calendar years in which you have attended any state or nationally sponsored meetings during the last three years.

State:

National:

4. List publicity, such as radio, television and newspaper coverage, that your chapter has received.

Date

Type of publicity

Source

#### CHAPTER ACCOMPLISHMENTS (To be completed by the applicant)

Using the space provided, list major chapter projects of the past three years that represent your chapter's program of work.

#### FACILITATION SKILLS (To be completed by the applicant)

1. Describe how you introduce the Technology Student Association in your technology program.
2. Describe how projects are planned and accomplished in your chapter.
3. List forms of recognition offered to your chapter members.

#### LEADERSHIP SKILLS (To be completed by the state advisor)

1. Describe the advisor's participation in TSA at the state level.

2. Describe the advisor's participation in TSA at the national level.

3. List other organizations and activities in which the advisor is involved.

*We certify that the claim and information reported on behalf of the advisor are true and accurate.*

Chapter president \_\_\_\_\_

Date \_\_\_\_\_

School administrator \_\_\_\_\_

Date \_\_\_\_\_

State advisor \_\_\_\_\_

Date \_\_\_\_\_

\*If the state advisor is the local advisor, another local advisor must sign this form.