

# IRA ACHIEVEMENT AWARD 2010

## NOMINATION FORM

(To be submitted by September 1, 2010)

**SPONSOR (S)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** (H) \_\_\_\_\_ (W) \_\_\_\_\_

**NOTICE:** The committee will not have access to actual case file records. Please provide as much information as possible.

### PERSONAL BACKGROUND INFORMATION:

Does the candidate know of this nomination? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Primary Disability \_\_\_\_\_

Secondary Disability \_\_\_\_\_

Educational Level \_\_\_\_\_

**REHABILITATION PROCESSES** -- Describe the service/treatment as it related to vocational need including any special programs or facilities and the dates of involvement.

### NOMINEE'S

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_

What, if any, promotions or added responsibilities have occurred?

Is employer interested in attending conference (at own expense)?

Please provide reasons why you feel the candidate should be considered, aspects where the candidate has demonstrated progress, examples of candidate's satisfaction, vocational evaluation results, etc.

**Criteria for Selection:** The individual must have an identifiable disability; must have been involved in some type of rehabilitation process; must have been successfully placed in competitive or sheltered employment for at least three months; and shown competency in taking care of most personal daily living skills.

Use as many sheets as necessary to complete the application and submit to:

**Marcia Gracey, Awards Chairperson**  
4512 SW 16<sup>th</sup> Street  
Des Moines, Iowa 50315  
515-243-0042  
m.gracey@mchsi.com