



# 2024 R. A. HORN OUTSTANDING ACHIEVEMENT AWARD FOR A STUDENT

Delaware, Fairfield, Franklin, Licking, Madison, Pickaway, and Union Counties

*The R. A. Horn award is presented to one exemplary special education student from each of Ohio's 16 State Support Team regions. This award was established 25 years ago by the Ohio Department of Education in honor of the late Dr. Raymond A. Horn, Assistant Superintendent of Public Instruction Emeritus. This prestigious award recognizes students' remarkable performance. Acknowledged as a national leader in the field of special education, Dr. Horn devoted more than 60 years of service to improving the quality of life and learning for students with disabilities. Dr. Horn left behind a legacy and a challenge to ensure that every student with a disability be given the respect and the opportunities to which they are entitled.*

## Who Can Be Honored?

Students with disabilities age 3-22 who are enrolled in a school program are recognized for outstanding achievements in one of the following categories:

<ul style="list-style-type: none"> <li>• Academics</li> <li>• Arts</li> <li>• Athletics</li> <li>• Community Service</li> </ul>	<ul style="list-style-type: none"> <li>• Employment</li> <li>• Extracurricular Activities</li> <li>• Self-Management</li> </ul>
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A student may be nominated for only **one** category. A teacher or administrator may nominate one student. **We ask that you do not nominate students who have been previously recognized for the R.A. Horn award.**

## How Do I Nominate Someone?

1. Please complete all sections of this form.
2. Please have parent sign enclosed photo release, and include both photo and release form with nomination submission.
3. Submit completed nomination packets via e-mail by **April 12, 2024**.

### **E-Mail To:**

[Tina.Forshey@escoco.org](mailto:Tina.Forshey@escoco.org)

Please include RE: OUTSTANDING STUDENT NOMINEE in the subject line

**All nominees (with signed releases) will be featured on our website & social media the first week of May. Please consider submitting a photo of the nominee and nominator together if possible.**

We also encourage districts to honor their student nominees through local awards events, Board of Education recognition, displays at school buildings, etc.

One student nominee from Region 11 will be selected to receive recognition from the Ohio Coalition for the Education of Children with Disabilities during the award ceremony on June 11, 2024 from 1-3p.m. A formal invitation will come at a later date from the Ohio Coalition for the Education of Children with Disabilities.

### **Questions?**

Please contact Tina Forshey at  
[Tina.Forshey@escoco.org](mailto:Tina.Forshey@escoco.org).

## Areas of Achievement:

- **Academics**

Achievement in a particular subject area such as math, science, reading, social studies, language arts, foreign language, etc.

- **Arts**

Achievement in a particular medium such as music, art drama, dance or written expression, etc.

- **Athletics**

Achievement in motor skills or a particular athletic activity through a setting such as extracurricular or club sports, physical education, Special Olympics, etc.

- **Community Service**

Contributions to the community through activities such as volunteer work, youth work, etc.

- **Employment**

Achievement through work experience in workshop settings as well as the competitive job market.

- **Extracurricular Activity**

Achievement in organized activities through groups such as Boy/Girl Scouts, churches, clubs, volunteering, Student Government, or other activities.

- **Self-Management**

Achievement in the mastery of activities for daily living such as personal care, cooking, use of public transportation, etc.

**About the Nominee (please print or type)**

Student Name \_\_\_\_\_

Disability \_\_\_\_\_ Grade Level \_\_\_\_\_ Student Age \_\_\_\_\_

Student Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent Phone/ Email Address: \_\_\_\_\_

School Building \_\_\_\_\_ School District \_\_\_\_\_

Principal Name \_\_\_\_\_ Principal Email \_\_\_\_\_

Superintendent \_\_\_\_\_

Special Education Director \_\_\_\_\_

Special Education Director's Email \_\_\_\_\_

**About the Nominator (please print or type)**

Student nominated by (first and last name): \_\_\_\_\_

Position or role in student's education: \_\_\_\_\_

Nominator's Email \_\_\_\_\_ Phone \_\_\_\_\_

Nominator's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Outstanding Student Achievement:**

**Please provide only specific details or evidence** why this student should be recognized. Tell us what impact has the student's achievement has made on other students, community, etc. In order for the student to be considered for the Outstanding Student Achievement Award, **you must provide specific examples of this student's positive achievements.** *We encourage you to include pictures that could be displayed on SST11's website, social media, or at the Awards Luncheon.* Please limit to 1 - 2 paragraphs.

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A. *Details of Student's Achievement:*

B. *Additional Thoughts/Comments Regarding Student:*



## 2024 R. A. HORN OUTSTANDING ACHIEVEMENT AWARD Student Release Form

**Congratulations!**

**Your student has been nominated for the R.A. Horn Outstanding Student Achievement Award for Delaware, Fairfield, Franklin, Licking, Madison, Pickaway, and Union Counties!**

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### **STUDENT PHOTO RELEASE (Requires Parent Signature & must accompany nomination application)**

State Support Team – Region 11 (SST11) is collecting nominations for this prestigious award and will identify one regional representative of the R.A. Horn award. The regional winner will receive an invitation to attend a statewide awards banquet in Columbus on June 11, 2024. Nominees for the R.A. Horn award from within Delaware, Fairfield, Franklin, Licking, Madison, Pickaway, and Union Counties will be highlighted in a **regional photo gallery**, which will be published to the SST 11 website and shared on our social media.

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

(Street/PO Box)

(City)

(State)

(Zip)

Phone \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian Name), as parent or legal

guardian/custodian of \_\_\_\_\_ (Student's Name)

authorize \_\_\_\_\_ (School District Name), the State Support Team Region 11 (SST 11), and the Ohio Coalition for the Education of Children with Disabilities, and/or their authorized agents to release publicly my child's name, use videotapes, photographs, and otherwise publish or cause to be published any information relevant to his/her achievements supporting selection for R.A. Horn Award recognition. I understand this information may be used in local, regional, state, or national publications of the agencies listed above as well as be released to appropriate newspapers/media outlets.

Signature \_\_\_\_\_ Date \_\_\_\_\_