

# **Illinois Council for Exceptional Children**

## **CLARISSA HUG TEACHER OF THE YEAR AWARD**

### **Criteria for the Award**

This award is the most prestigious honor bestowed on a teacher of students with exceptionalities from the state of Illinois. This award is presented annually at the ICEC Fall Convention. The ICEC Executive Board of Directors will present it. The name of the winner will be placed in nomination to represent Illinois at the International CEC Clarissa Hug Teacher of the Year Award Brunch.

The ICEC Executive Board of Directors encourages all qualified ICEC members to apply. The following requirements need to be met to be considered for selection:

1. The nominee must be currently involved in the provision of direct services to students with exceptionalities.
2. The nominee shall have demonstrated exemplary performance over a period of time as a teacher or provider of direct services. He/she shall exhibit such qualities as imagination, creativity and the ability to increase student success. It is expected that the nominee be clearly recognized by the members of the profession and others knowledgeable of the nominee.
3. The nominee must be an appropriately certified teacher as recognized by the state professional authorities.
4. The nominee must be a member in good standing of ICEC for at least the previous five (5) years and must have taught at least five (5) years.

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Awards will be presented at the annual ICEC Fall Convention-Ray Graham Memorial Luncheon. (Date will be on ICEC website by early summer.)

Completed application must be sent to the ICEC Awards Chairperson before the stated deadline.

**Nominations are due September 15<sup>th</sup>  
of the current calendar year.**

**Illinois Council for Exceptional Children**

**CLARISSA HUG TEACHER OF THE YEAR AWARD**

Nomination Form

Name of Nominee: \_\_\_\_\_

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

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Member of Chapter: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

1. List current Illinois certifications(s). \_\_\_\_\_

2. Current position: \_\_\_\_\_

Work address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Years in this position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

3. Brief Biography of Nominee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Previous Awards or Special Recognition:

\_\_\_\_\_  
\_\_\_\_\_

5. CEC Leadership and Membership Experiences (Local State, National, Division):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



9. This nomination is submitted by:

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(Name of Unit or individual ICEC member)

Prepared by: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit Nomination Components to:**

**Billy Martinez**

**ICEC Awards Chairperson**

**708 East Monroe Street**

**Normal, IL 61701**

**[billym1118@comcast.net](mailto:billym1118@comcast.net)**

**For additional information, please**

**contact Billy Martinez at:**

**[billym1118@comcast.net](mailto:billym1118@comcast.net)**

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