TSA ADVISOR OF THE YEAR

A. A cover sheet with the name of the persons making the nomination.
B. This form may be photocopied and typewritten or completed on the computer. When using a computer, click on the beginning of a line or on the shaded box and type within it. (It is permissible to use a word processor provided that the wording, spacing, and format are exactly and precisely the same as shown on this form.)
C. List information up through the last three (3) years only.
   (NOTE: Eligible only once every 5 years.)
D. Responses are limited to the space provided on this form. Do not exceed 4 pages.

Name of Advisor _____

Chapter _____

School _____

Principal's Name _____

School Address _____

City/State/Zip Code _____

Phone ( ) _____

Number of years teaching _____ Number of years as an advisor _____

Which Career Technology/Engineering Education courses are currently being taught?

When does the TSA Chapter meet and how often? (in class or outside of class)

PROMOTING TSA

1. *Affiliation.* Complete the following chart noting the number of students the advisor has taught and advised during the past three years.

Year	Number of students enrolled in Technology Education Classes	Number of students TSA Members

2. *Candidates for office*. Note below the number of officer candidates the advisor has sponsored for positions beyond the chapter level during your teaching career.

_____ Regional   _____ State   _____ National

FACILITATION SKILLS

1. Describe how you introduce 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

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.

CERTIFICATION SIGNATURES: We hereby certify that the claims and information reported on behalf of the advisor are true and accurate.

_____
Completed by

_____
Chapter President

_____
Local School Administrator

_____
State Advisor-If state advisor is a local advisor
Another local advisor must sign this form.