



New York State Association for Bilingual Education

726 Broadway, Fifth Floor, New York, NY 10003

46th Annual Conference

Empowering Multilingual Student Voices to Advocate for their
Right to Bilingual Education

April 2-4, 2024 ~ Marriott Syracuse Downtown ~ Syracuse, NY

CALL FOR NOMINATIONS: NYSABE PROFESSIONAL AWARDS

Over the years, the New York State Association for Bilingual Education (NYSABE) has honored individuals for their outstanding dedication, contributions, and commitment to bilingual education. Please accept this **Call for Nominations** as an invitation to acknowledge your colleagues' excellent work at our upcoming annual conference.

By completing your nominations, you are participating in NYSABE's initiative to increase bilingual education awareness in New York State. The awards to be presented this year include:

- **THE GLADYS CORREA MEMORIAL AWARD**
- **THE DR. ANTONIA PANTOJA BILINGUAL ADVOCACY AWARD**
- **THE BILINGUAL PARENT OF THE YEAR AWARD**
- **THE DR. XIMENA ZATE BILINGUAL TEACHER OF THE YEAR AWARD**
- **THE BILINGUAL EDUCATION ADMINISTRATOR AWARD**
- **THE BILINGUAL SUPPORT PERSONNEL AWARD**
- **THE BILINGUAL INSTRUCTIONAL ASSISTANT OF THE YEAR AWARD**

Please review the eligibility criteria and nomination packet requirements for each award below.

Nominations must be submitted electronically with the subject "BILINGUAL EDUCATION SUPPORT PERSONNEL AWARD NOMINATION" to conference email address: NYSABEConference@gmail.com.

Deadline: Friday, January 19, 2024

Sincerely,

James Nieves
NYSABE President 2023-2024

Shirley Vargas
NYSABE Professional Awards Committee Chairperson
Region 1 Delegate

Lyda Ragonese
NYSABE Conference Chairperson
NYSABE Treasurer and At-Large Delegate



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CALL FOR NOMINATIONS: BILINGUAL EDUCATION SUPPORT PERSONNEL OF THE YEAR AWARD

The purpose of this award is to recognize the outstanding work and contributions of bilingual support personnel throughout New York State.

ELIGIBILITY CRITERIA:

- The following full-time, practicing support personnel are eligible for nomination: bilingual psychologists, bilingual educational diagnosticians, bilingual guidance counselors, bilingual speech and language pathologists, and bilingual social workers currently working with Pre-K 12 ELLs/multilingual learners are eligible.
- The most important attribute of the candidate should be the ability to exemplify professionalism and excellence in providing support services to ELLs/multilingual learners, their families, and members of the school community.
- Prior recipients of this award are not eligible for nomination.
- The nominee must be a member of NYSABE.

NOMINATION PACKET:

In addition to the completed **nomination form**, the **supporting documentation** to be submitted by the nominator must include:

- **The Nomination letter:** This letter must provide evidence of the nominee's professional excellence, leadership, and impact on the achievement of ELLs/multilingual learners. The evidence may include testimonial quotes and/or descriptions of unique activities and projects.
- **Three letters of recommendation:** These letters must provide supporting evidence of the nominee's qualities, accomplishments, and impact on the advancement of ELLs/multilingual learners. Letters of recommendation may be written by administrators, teachers, parents, and students, when possible.
- **Nominee's Statement:** This statement details the nominee's beliefs and practices regarding bilingual education (200-250 words).

NOTE: Each supporting document must be double-spaced and should not exceed four-typed pages. All documents must be in either MS WORD or PDF format.

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NOMINATION FORM:

BILINGUAL EDUCATION SUPPORT PERSONNEL OF THE YEAR AWARD

The purpose of this award is to recognize the outstanding contributions of individuals who continually strive for the improvement of bilingual education, particularly in New York State.

NOMINEE'S INFORMATION:

Name: _____

Address: _____

Telephone: _____

Email: _____

School/Institution: _____

Current Position: _____

Is the nominee a member of NYSABE? Yes No (disqualified)

of years as NYSABE member _____

INFORMATION OF THE NOMINATOR:

Name: _____

Address: _____

Telephone: _____

Email: _____

School/Institution: _____

Current Position: _____

Are you a member of NYSABE? Yes No

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