



# **NYSABE** 47th Annual Conference *Reaffirming Policy to Transform Practice and Action in Bilingual Education*

February 27 - March 1, 2025 | The Saratoga Hilton, Saratoga, New York | [nysabeconference@gmail.com](mailto:nysabeconference@gmail.com) | [www.nysabe.net/2025conference](http://www.nysabe.net/2025conference)

## 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 INSTRUCTIONAL ASSISTANT OF THE YEAR AWARD NOMINATION" to conference email address: [NYSABEConference@gmail.com](mailto:NYSABEConference@gmail.com).**

**Deadline: Friday, December 13, 2024**

Sincerely,

James Nieves  
NYSABE Past-President

Shirley Vargas  
NYSABE Professional Awards Committee  
Chairperson Region 1 Delegate

Dr. Elena Dokshansky  
NYSABE Conference Chairperson  
NYSABE Parent Delegate



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## CALL FOR NOMINATIONS: BILINGUAL INSTRUCTIONAL ASSISTANT OF THE YEAR AWARD

The purpose of this award is to recognize the excellent work and contributions of bilingual instructional assistants (**teacher assistants, paraprofessionals**) to the field of bilingual education in New York State.

### ELIGIBILITY CRITERIA:

- Bilingual instructional assistants working with ELLs/multilingual learners in a bilingual education program are eligible to be nominated.
- Nominees must have excelled in their ability to work cooperatively and effectively with teachers, parents, and ELLs/multilingual learners.
- Prior recipients of this award are not eligible for nomination.
- The nominee must be a member of NYSABE.

### NOMINATION PACKET:

In addition to a 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 should indicate the nominee's outstanding work and contributions to the education of ELLs/bilingual learners.
- **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 INSTRUCTIONAL ASSISTANT 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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