

ADVISOR OF THE YEAR

- A. Cover sheets and additional materials are not accepted.
- B. This form must state by whom it was completed.
- C. This form must be photocopied and typewritten. (It is permissible to use a word processor provided that the wording, spacing, and format are the same as shown on this form.)
- D. List information through the last three years only.
- E. Advisors cannot receive this award two years in a row.
- F. This completed form should be submitted to the TSA state advisor.
- G. State advisors complete the online process to submit Advisor of the Year names to national TSA.

(To be completed by the applicant)	
Name of applicant:	
School:	
Principal's name:	
School address:	
City/state/zip:	
Telephone:	Number of years teaching:
Technology education courses currently teach	ing:
When TSA chapter meets:	
PROMOTING TSA (To be completed by the a	pplicant)
1. Complete the following chart noting the nur years.	mber of students you have taught and advised during the past three
Number of students enrolled in Number of st Year Technology Education Classes who are	
Indicate the number of officer candidates y your teaching career:	ou have sponsored for positions beyond the chapter level during
Regional State	National

three years.
State:
National:
4. List publicity, such as radio, television and newspaper coverage, that your chapter has received.
Date Type of publicity Source
CHAPTER ACCOMPLISHMENTS (To be completed by the applicant)
Using the space provided, list major chapter projects of the past three years that represent your chapter's program of work.
FACILITATION SKILLS (To be completed by the applicant)
1. Describe how you introduce the 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 (To be completed by the st	ate advisor)
1. Describe the advisor's participation in TSA	at the state level.
2. Describe the advisor's participation in TSA at the	ne national level.
3. List other organizations and activities in which	the advisor is involved.
We certify that the claim and information reported	on behalf of the advisor are true and accurate.
Chapter president	Date

School administrator _____ Date ____

State advisor _____ Date ____

*If the state advisor is the local advisor, another local advisor must sign this form.