

# PORTABLE ASSISTED STUDY SEQUENCE (PASS) CONTACT OF THE YEAR NOMINATION FORM



**SUBMIT BY: JUNE 1<sup>ST</sup> OF EACH YEAR**

Since 1978, hundreds of school districts have helped thousands of credit deficient migrant students to earn the needed credits to graduate through the Portable Assisted Study Sequence, PASS, program. You are invited to nominate a deserving PASS Contact or PASS Team of Contacts for the Washington PASS Contact Person of the Year (CPY) and recognize *dedicated and very deserving contact(s) for the mentorship and advocacy to champion credit deficient students towards earning credits and moving closer to graduation!*

**NOMINATION FORMS ARE AVAILABLE FOR  
DOWNLOAD AT [www.msdr.org](http://www.msdr.org) OR EMAIL [pass@msdr.org](mailto:pass@msdr.org)**

**ELIGIBILITY:**

Contact Persons who enrolled and coached at least three migrant students who completed a final unit of a PASS enrollment after June 15<sup>th</sup> of the previous school year.

**WHO MAY NOMINATE:**

School staff, parents, students, or other PASS Program staff in agencies utilizing the PASS Program to help high school students make up credit deficiencies to satisfy graduation requirements.

**RECIPIENT SELECTION:**

Final determination will be made by Migrant Student Data, Recruitment and Support in consultation with Migrant Education Program, school and agency representatives.

**NOMINEES HAVE THE OPPORTUNITY TO:**

Be recognized and receive a plaque during the Washington State Migrant Education Program conference awards luncheon held each August in Yakima and may have his/her story featured in the "Success Stories" National Publication disseminated by the National PASS Center the following year.

**SECTION I: PASS CONTACT/TEAM OF THE YEAR NOMINEE INFORMATION**

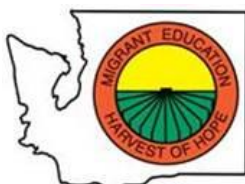
Contact Person(s): _____	Phone: _____
Mailing Address: _____	City: _____ State: ___ Zip: _____
Current District/Agency: _____	Current School: _____

**Contact Person(s) is/are nominated for the award because** (examples: cite high completion rate, nurturing/motivating relationship as mentor, high test scores, volume of successfully completed units, etc.) *Attach a separate sheet of paper, if needed.*

**SECTION II: NOMINATING STAFF INFORMATION**

Nominated By: _____	Position/Title: _____
School District: _____	School: _____
Email: _____	Phone: _____

**MAIL, FAX, OR EMAIL COMPLETE NOMINATION PACKETS BY: June 1<sup>st</sup> of each year to ensure consideration**

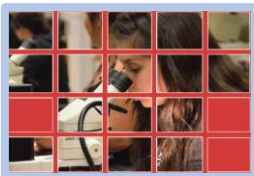


Migrant Student Data, Recruitment and Support (MSDRS)

Attn: Denise Trautman  
810-B East Custer Avenue  
Sunnyside, WA 98944

MSDRS Fax: (509) 839-9017 / Email: [dtrautman@msdr.org](mailto:dtrautman@msdr.org)  
Contact PASS with any questions at (800) 274-6084 or [pass@msdr.org](mailto:pass@msdr.org).

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## OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION PHOTO/VIDEO RELEASE FORM TO BE COMPLETED BY NOMINEE



### Washington Office of Superintendent of **PUBLIC INSTRUCTION**

The Office of Superintendent of Public Instruction (OSPI) is dedicated to supporting teaching and learning in the State of Washington. This includes developing our own website, publications, and informational materials. In this work, there will be opportunities for people to be interviewed, photographed, and/or videotaped.

In signing this release, I give OSPI or any organization acting on its behalf the right to use, publish, display and/or reproduce any video/recorded voice/photographs in which (Name of Nominee) \_\_\_\_\_ may appear, without payment.

I understand and agree that these materials will become the property of the OSPI and will not be returned. I also authorize OSPI to edit, alter, copy, exhibit, publish or distribute this video/recorded voice/photograph for educational purposes or any other lawful purpose.

- We/I give permission for OSPI to use likeness/voice of **nominee** along with **full** name.
- We/I give permission for OSPI to use likeness/voice of **nominee** along with **first name** only.
- We/I give permission for OSPI to use likeness/voice of **nominee only** without disclosing his/her name.

**I am 18 years of age and competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COVID PRINTED SIGNATURE OPTION:** I have reviewed the attached form and certify that it is correct and accurate. I agree with all terms and conditions of the form. I agree that my typed signature below will be considered an original signature on the attached form.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### **If the nominee is under age 18, there must be consent by a parent or guardian as follows:**

I hereby certify that I am the parent or legal guardian of \_\_\_\_\_, named above, and give my consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COVID PRINTED SIGNATURE OPTION:** I have reviewed the attached form and certify that it is correct and accurate. I agree with all terms and conditions of the form. I agree that my typed signature below will be considered an original signature on the attached form.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### **Contact information of Nominee (or Nominee's Parent/Guardian)**

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number/Email