



Massachusetts Coalition for Adult Education

2009 AWARDS NOMINATION FORM

Outstanding Counselor Award

CRITERIA

The nominee

1. Has **improved the life situation(s)** of self/others as a result of the learning/teaching experience.
2. Has **demonstrated leadership** within the teaching/learning environment.
3. Has **met significant challenges** in an effective way.
4. Has **been supportive** of others engaged in teaching or learning in the field of adult education.

NOMINEE

Name: _____ Telephone: _____
(Program Area Code & Number)

Address: _____
(Organization/Program)

(Street)

(City)

(State)

(Zip)

Please include a brief description of nominee's qualifications. Please do not exceed 200 words

Nominated by: _____ *Phone: _____
Area Code & Number

**Someone from the Awards Committee may call for additional information.*

The winner will receive a free 1-year subscription to The Change Agent, an adult education newspaper for social justice.

Return to: MCAE • 101 Tremont Street, Suite 812 • Boston, MA 02108
or send as an e-mail attachment to KTamarkin@mcae.net

DEADLINE: SEPTEMBER 29, 2009