

**IDAHO SCHOOL COUNSELOR ASSOCIATION  
PROFESSIONAL RECOGNITION NOMINATION FORM**

**\*If you are nominating a school counselor – please complete:**

Name of ISCA COUNSELOR being nominated:

School:

Phone:

Email:

School Address:

Address for contact after June 1st (during the summer):

Nominated for:

\_\_\_ Elementary Counselor of the Year

\_\_\_ Middle/Junior High Counselor of the Year

\_\_\_ High School Counselor of the Year

\_\_\_ Post-Secondary Counselor of the Year

**\*\*If you are nominating an Administrator or Supervisor – please complete:**

Name of ADMINISTRATOR/SUPERVISOR being nominated:

School:

Phone:

Email:

School Address:

**\*\*\*If you are nominating an Advocate of the year – please complete:**

Name of ADVOCATE being nominated:

Title:

Phone:

Email

Address:

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Name of ISCA Member making nomination:

School:

Phone:

Email:

Address for contact after June 1st:

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Please send this NOMINATION FORM to be received by June 1st to:  
Linda J. Widmer, M.Ed., L.C.P.C.\* 1771 Stadium Blvd. \* Twin Falls , ID 83301