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**ILLINOIS ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS  
BOARD REPORT**

TO: Executive Board

FROM: Naomi Fettes –Educational Administrator of the Year Chair

DATE: September 21, 2009

Re: **Board Reports #10 - Educational Administrator of the Year**

**New this year:**

The NAEOP application will be attached to the IAEOP application, when applying for National / Illinois – Educational Administrator of the Year.

**Illinois Application Requirements**

Submit: Original and three (3) copies of the application for IAEOP  
Educational Administrator of the Year

Due: February 1, 2010

Mail to: Naomi Fettes, Consolidated School District 158, 650 Academic  
Drive, Algonquin, Illinois 60102

**National Application Requirements:**

Submit: Original application for Educational Administrator of the Year  
(If selected as IAEOP winner, I will make three copies)

Obtain: All signatures required; local affiliation and IAEOP Presidents

Due: Include with state submission of February 1, 2010

(I must submit to National, no later than: March 15, 2010.)

Fee: \$20.00 paid by IAEOP

(This must be included with the state winner application to NAEOP)

Forms are available from: [nfettes@district158.org](mailto:nfettes@district158.org)

Contact: Naomi Fettes at (847) 659-6158 extension 6103

Attachments

**ILLINOIS ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS**

*The State Professional Association of Educational Office Professionals  
Affiliated with the National Association of Educational Office Professionals*

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**ILLINOIS EDUCATIONAL ADMINISTRATOR OF THE YEAR**

**GUIDELINES**

1. One candidate may be nominated by each IAEOP affiliate association of the current affiliation year (August 1-July 31).
2. The original and three (3) copies of the application must be submitted. DO NOT send scrapbooks, newspaper clippings, or any other materials. All materials must be submitted by sponsoring association at one time and not materials will be returned.
3. IAEOP will provide a \$20 non-refundable fee payable to NAEOP when submitting the state nomination. Fees will be used to help defray expenses for the winner to attend the annual conference.
4. Application materials must be postmarked by February 1 to the Chair of the Illinois Educational Administrator of the Year.

Submit to: Naomi Fettes, IAEOP Chair - Educational Administrator of the Year c/o Consolidated School District 158, Administrative Building, 650 Academic Drive, Algonquin, Illinois 60102

5. All candidates and the sponsoring associations will be notified immediately of the winning application. The judges' decision is final.
6. An inscribed plaque will be presented to the winner at the spring conference. A certificate of Award of Recognition will also be given to the winner.
7. Applications that do not follow guidelines will be disqualified i.e. insufficient number of copies, incorrect number of letters, and extraneous materials.

**ELIGIBILITY**

1. Candidate must be currently employed as an educational administrator.
2. Candidate must have been employed as an educational administrator for five (5) years.
3. Candidate must be a current member of the national educational association which represents his/her professional occupation (note on Form II) the years are to be listed i.e. 2001-2004.

**CRITERIA FOR JUDGING**

- |  |      |
|--|------|
| 1. Recommendation of Sponsoring Association (Form I)                             | 5 %  |
| 2. Experience in education Field (Form II)                                       | 15 % |
| 3. Educational Academic Background (Form II)                                     | 10 % |
| 4. Membership / Leadership Responsibility in Professional Associations (Form II) | 5 %  |
| 5. Personal Contributions and Achievements in Education (Form II)                | 10 % |
| 6. Local/State/National Awards Received Relative to Work in Education (Form III) | 5 %  |
| 7. Support of Educational Office Professionals (Form III)                        | 45 % |
| 8. Letters of recommendation (maximum of three (3))                              | 5 %  |

**In all cases, the decision of the judges is final.**

**Illinois Association of Educational Office Professionals**

*The State Professional Association of Education Office Professionals  
Affiliated with The National Association of Educational Office Professionals*

Form I

**Illinois Educational Administrator of the Year**

**(To be completed by sponsoring association.)**

Name of Candidate \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: ( ) \_\_\_\_\_ Office Telephone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_  
Name Location

Position: \_\_\_\_\_

Immediate Supervisor (if applicable): \_\_\_\_\_

Basis for selection of nominee (Use other side if more space is needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Sponsoring Affiliate: \_\_\_\_\_

Address of Affiliate President: \_\_\_\_\_  
Street City State Zip

Telephone of President: Home ( ) \_\_\_\_\_ Office ( ) \_\_\_\_\_

Signature of Affiliate President: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Submit original and three (3) copies of Forms I, II, and III, and three (3) letters of recommendation to: Naomi Fettes, Consolidated School District 158, Administrative Building, 650 Academic Drive, Algonquin, Illinois 60102

**Illinois Association of Educational Office Professionals**

*The State Professional Association of Education Office Professionals  
Affiliated with The National Association of Educational Office Professionals*

Form II

**Illinois Educational Administrator of the Year**

(To be completed by nominee.)

Name \_\_\_\_\_

Position Held \_\_\_\_\_ No. of Years \_\_\_\_\_

**EDUCATIONAL POSITIONS HELD**

<u>TITLE</u>	<u>PLACE OF EMPLOYMENT</u>	<u>YEARS</u>
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**EDUCATIONAL BACKGROUND**

<u>DEGREE</u>	<u>NAME/LOCATION</u>	<u>YEAR</u>
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**MEMBERSHIP/LEADERSHIP RESPONSIBILITY IN PROFESSIONAL ASSOCIATIONS**

<u>NAME OF ORGANIZATION</u>	<u>YEARS</u>	<u>OFFICES/COMMITTEES</u>	<u>YEARS</u>
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Signature of Nominee \_\_\_\_\_ Date \_\_\_\_\_

**Illinois Association of Educational Office Professionals**

*The State Professional Association of Education Office Professionals  
Affiliated with The National Association of Educational Office Professionals*

Form II a

**Illinois Educational Administrator of the Year**

**(To be completed by nominee.)**

**PERSONAL CONTRIBUTIONS AND ACHIEVEMENTS IN EDUCATION**

Area of Contribution

Achievement

Ex: Assessment

Ex: higher test scores by 2 points

**LOCAL/STATE/NATIONAL AWARDS RECEIVED RELATIVE TO WORK IN EDUCATION**

Identify

Name of Award

Year

Local/State/National

(If additional space is needed, use a continuation page in this format.)

Signature of Nominee \_\_\_\_\_ Date \_\_\_\_\_

**Illinois Association of Educational Office Professionals**

*The State Professional Association of Education Office Professionals  
Affiliated with The National Association of Educational Office Professionals*

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Form III

**Illinois Educational Administrator of the Year**

**(To be completed by sponsoring association.)**

**SUPPORT OF EDUCATIONAL OFFICE PROFESSIONALS**

LOCAL:

STATE:

NATIONAL:

(If additional space is needed, use a continuation page in this format.)

Signature of Affiliation President \_\_\_\_\_ Date \_\_\_\_\_

**Date:** September 21, 2009  
**To:** IAEOP Executive Board  
**From:** Naomi Fettes, Chair of Educational Administrator of the Year

**Attachment: NAEOP AWARDS COMMITTEE CHAIRMAN**

The National Association of Educational Office Professionals (NAEOP) sends all program materials to the IAEOP President. The President, in turn, sends these materials to the designated IAEOP chairman.

Immediately upon receipt of these materials from the IAEOP President, the Awards Committee Chairman shall seek nominees for the Educational Office Professional of the Year and the Educational Administrator of the Year in accordance with guidelines and time established by NAEOP.

The Award Committee Chairman shall:

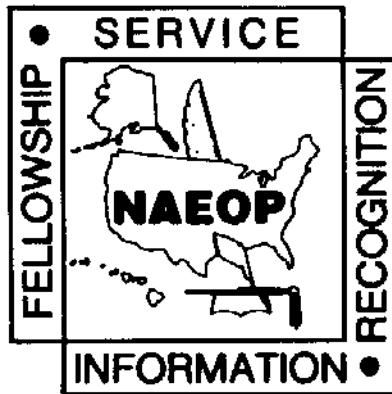
1. Prepare guidelines and forms to correspond with the NAEOP guidelines so that the Illinois winner's name(s) may be submitted to the NAEOP Office Professional of the Year Committee for consideration in national competition.
2. Mail packets of materials to all IAEOP affiliate presidents.
3. Send materials to IAEOP members upon request.
4. Select three judges to evaluate the applications.

Notify the nominees, in writing, of the winner, and invite the winner to the spring conference to receive recognition. (See Conference Guidelines for specific information.)

5. Submit the winning applications to NAEOP, Post Office Box 12619, Wichita, Kansas 67277-2619, addressed to the appropriate committee as follows:
  - a. Office Professional of the Year Committee, or
  - b. Educational Administrator of the Year Committee.
6. Attend all Executive Board meetings and business meetings of IAEOP, and submit a progress report at each meeting.
7. Perform any other tasks as assigned by the President.
8. Forward all official records to successor at end of term or to the President by June 30.

Taken from NAEOP Guidelines. 09.18.09

***National Association of Educational Office Professionals***



**NATIONAL EDUCATIONAL ADMINISTRATOR OF THE YEAR**

**Please read carefully  
and follow the GUIDELINES**

**Mail the original and three copies of this application,  
postmarked by March 15 to:**

National Association of Educational Office Professionals  
PO Box 12619  
Wichita KS 67277-2619

## NATIONAL EDUCATIONAL ADMINISTRATOR OF THE YEAR Guidelines

1. One candidate may be nominated by each NAEOP affiliate association of the current affiliation year (August 1-July 31).
2. **THE ORIGINAL AND THREE (3) COPIES OF THE APPLICATION MUST BE SUBMITTED. DO NOT send scrapbooks, newspaper clippings, or any other materials. All materials must be submitted by sponsoring association at one time and no materials will be returned.**
3. A \$20 non-refundable fee payable to NAEOP must accompany the nomination. Fees will be used to help defray expenses for the winner to attend the annual conference.
4. Application materials must be POSTMARKED by MARCH 15. Attach a self addressed, stamped postcard to your nomination packet with the following information "Nomination packet received \_\_\_\_\_." This card will be completed by the national office and returned showing receipt of nomination packet..
5. All candidates and the sponsoring associations will be notified immediately after the judges' decision is final..
6. An inscribed plaque will be presented to the winner at the annual conference. Certificates will be mailed to all nominees.
7. APPLICATIONS THAT DO NOT FOLLOW GUIDELINES WILL BE DISQUALIFIED. (i.e., insufficient number of copies, fee not included, incorrect number of letters, and extraneous materials.)

*(If needed, continuation pages are allowed, if in same format.)*

### ELIGIBILITY

1. Candidate must be currently employed as an educational administrator.
2. Candidate must have been employed as an educational administrator for five (5) years.
3. Candidate must be a current member of the national educational association which represents his/her professional occupation (note on "Form II, Page 1, " the years are to be listed, i.e., 2001-2004).

### CRITERIA FOR JUDGING

- |  |     |
|--|-----|
| 1. Recommendation of Sponsoring Association (Form I, page 1) .....                           | 5%  |
| 2. Experience in Education Field (Form II, page 1) .....                                     | 15% |
| 3. Educational (academic) Background (Form II, page 1).....                                  | 10% |
| 4. Membership/Leadership Responsibility in Professional Associations (Form II, page 1) ..... | 5%  |
| 5. Personal Contributions and Achievements in Education (Form II, page 2) .....              | 10% |
| 6. Local/State/National Awards Received Relative to Work in Education (Form II, page 2) .    | 5%  |
| 7. Support of Educational Office Professionals (Form III, page 1) .....                      | 45% |
| 8. Letters of Recommendation (maximum of 3) .....  | 5%  |

**IN ALL CASES, THE DECISION OF THE JUDGES IS FINAL**

**National Association of Educational Office Professionals**  
PO Box 12619 • Wichita KS 67277-2619

**NATIONAL EDUCATIONAL ADMINISTRATOR OF THE YEAR**

**Nomination Form**

(To be completed by sponsoring association)

Name of Candidate \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Home Telephone (\_\_\_\_) \_\_\_\_\_ Office Telephone (\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_

Employer \_\_\_\_\_  
Name Location

Immediate Supervisor (if applicable) \_\_\_\_\_

Basis for selection of nominee (Use other side if more space is needed):

Name of Sponsoring Affiliate \_\_\_\_\_

Name of Affiliate President \_\_\_\_\_

Address of President \_\_\_\_\_

Telephone of President: Home (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_

Signature of President \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Submit original and three (3) copies of Forms I, II, and III, and three letters of, along with the \$20 fee to:

NAEOP  
PO Box 12619  
Wichita KS 67277-2619

**MUST BE POSTMARKED BY MARCH 15**

National Association of Educational Office Professionals  
PO Box 12619 • Wichita KS 67277-2619

**NATIONAL EDUCATIONAL ADMINISTRATOR OF THE YEAR**  
(To be completed by nominee)

Name \_\_\_\_\_

Position Held \_\_\_\_\_ No. of Years \_\_\_\_\_

**EDUCATIONAL POSITIONS HELD**

TITLE	PLACE OF EMPLOYMENT	YEARS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EDUCATIONAL BACKGROUND**

DEGREE	NAME/LOCATION	YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MEMBERSHIP/LEADERSHIP RESPONSIBILITY IN PROFESSIONAL ASSOCIATIONS**

NAME OF ORGANIZATION	YEARS	OFFICES/COMMITTEES	YEARS
_____	_____	_____	_____
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**National Association of Educational Office Professionals**  
PO Box 12619 • Wichita KS 67277-2619

**NATIONAL EDUCATIONAL ADMINISTRATOR OF THE YEAR**  
(To be completed by nominee)

**PERSONAL CONTRIBUTIONS AND ACHIEVEMENTS IN EDUCATION**

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**LOCAL/STATE/NATIONAL AWARDS RECEIVED RELATIVE TO WORK IN EDUCATION**

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Signature of Nominee \_\_\_\_\_ Date \_\_\_\_\_

National Association of Educational Office Professionals  
PO Box 12619 • Wichita KS 67277-2619

# NATIONAL EDUCATIONAL ADMINISTRATOR OF THE YEAR

(To be completed by sponsoring association)

## SUPPORT OF EDUCATIONAL OFFICE PROFESSIONALS

LOCAL: \_\_\_\_\_

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Signature of President \_\_\_\_\_ Date \_\_\_\_\_