

**IRA ACHIEVEMENT AWARD**  
NOMINATION FORM  
(TO BE SUBMITTED BY SEPTEMBER 15TH OF RESPECTIVE YEAR)

SPONSER(S): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

NOTICE: The committee will not have access to actual case file records.  
Please provide as much information as possible.

**PERSONAL BACKGROUND INFORMATION OF CANDIDATE:**

Does the candidate know of this nomination? \_\_\_\_\_  
Candidates date of birth: \_\_\_\_\_  
Primary Disability: \_\_\_\_\_  
Secondary Disability: \_\_\_\_\_  
Educational Level: \_\_\_\_\_

**REHABILITATION PROCESSES:** Describe the service/treatment as it is related to vocational need including any special programs or facilities and the dates of the involvement.

Please provide reasons why you feel the candidate should be considered, aspects where the candidate has demonstrated progress, examples of candidates satisfaction, vocational evaluation results, etc.

**CANDIDATES:**

Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_

What, if any, promotions or added responsibilities have occurred?  
Is the employer interested in attending the conference (at their own expense)?

**Criteria for Selection:**

The individual must have an identifiable disability, must have been involved on some type of rehabilitation process, must have been successfully placed in competitive or sheltered employment for at least three months, shown competency in taking care of most personal daily living skills.

Use as many sheets as necessary to complete the application and submit to:

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