

# *Illinois Association for Health, Physical Education, Recreation & Dance*



affiliated with  
MID-WEST ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE  
and the  
AMERICAN ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE

## **Illinois AHPERD & American Association for Health Education AHEE HEPY HEALTH EDUCATION (K-12) PROFESSIONAL OF THE YEAR Application Packet**

### **Definition**

A health educator is defined for the purposes of this award as an individual who has major responsibility for teaching health education for a specific school or school system.

### **Eligibility Requirements**

Any health educator (K-12) who meets the eligibility requirements and exemplifies the criteria for this award, as outlined below, may apply or be nominated by a colleague.

Eligibility requirements include:

1. Current membership in AAHPERD/AAHE is highly recommended, but not required, in order to receive serious consideration at the national level;
2. Current membership in IAHPERD **is required** for Illinois Educator of the Year;
3. Degree in and certification as a health education teacher;
4. Minimum of five (5) years teaching experience in health education;
5. Full-time teaching contract, current at the time of nomination and selection;
6. Candidates must be practitioners;
7. Deceased persons are not eligible for nomination for the award
8. The current Health Educator of the Year will present a session at the IAHPERD State Convention in November;
9. Previous recipients of the AAHE HEPY (American Association for Health Education/Health Education Professional of the Year) Award are not eligible to receive the award again;
10. If the Midwest District Educator of the Year is not selected for the national award, they may be re-nominated after one complete year has passed.

**Please note:** Current members of AAHE Awards Committee or AAHE Board of Directors and their families are not eligible to apply for this award. Committee members are not allowed to resign from the Committee in order to be considered for an award.

## **Teaching Assignment**

Teachers may have responsibility for teaching general PE, but applications can be submitted only for the health part of the teaching assignment.

## **Award Criteria**

Each candidate must demonstrate specific contributions in the following criteria:

1. Leadership in developing and implementing or directing/coordinating effective health education/promotion programs;
2. Volunteer service to local, state, district or national level organizations or at the school or community levels;
3. Service to local, state or national professional organizations;
4. Evidence of meritorious professional activity in at least three (3) of the following:
  - a. Innovative teaching, utilizes a variety of interesting teaching methodologies and provides innovative learning experiences;
  - b. Publications;
  - c. Presentations;
  - d. Funded research or programs;
  - e. Special projects;
  - f. Or other health related activities.

**NOTE:** All Letters of Recommendation should be one to two typed pages in length with content directly related to the **Award Criteria**. **It is the responsibility of the candidate to ensure the content of the recommendations meets the Award Criteria.**

## **Application Directions**

1. The Illinois Health Educator of the Year application packet can be obtained at: [www.iahperd.org](http://www.iahperd.org).
2. The Application Packet Checklist contains the following checklist of items that must be filled out completely and typed using Times New Roman 12 point font:
  - a. Application Form with Biographical Information
  - b. Applicants must address each of the Awards Criteria (1-4) listed above as it applies to his/her teaching position. Attach only one (1) double spaced sheet in evidence of each criterion.
  - c. Letters of Recommendation (3) from administrators/supervisors, professional colleagues and prominent officials (e.g., government officials) who are in a position to evaluate each candidate's qualifications related to the criteria for this award. One of the letters of recommendation must come from the current immediate supervisor. Please note that recommendations for district and/or national consideration should include district and/or national level recommendations.
  - d. Midwest District endorsement (if candidate advances to national level)
  - e. Cover sheet
  - f. Short biography completed by the candidate (if candidate advances to the national level - see sample biography on AAHPERD website, then go to AAHE Awards)
  - g. Include a 3 ½" x 2 ½" (wallet size) photograph that will not be returned.
3. Applications that are forwarded to AAHPERD for National consideration must be on forms that are included in this packet and comply with all guidelines described here or they will not be considered. Application and publicity forms must remain unchanged from the beginning of the selection process (state level) through participation at the Midwest District and National levels. But the support materials (recommendations and responses to the Award Criteria) can be revised from state-district-national levels.
4. IAHPERD District Presidents must receive the Illinois Health Educator of the Year application packet from the candidate by **March 1**.

## **State and AAHPERD District Selection and Recognition Timeline**

1. IAHPERD District Presidents must receive the Illinois Health Educator of the Year application packet from the candidate by **March 1**. Send your application to your state-district president. Contact information for all Illinois District Presidents is available on the IAHPERD Website: [www.iahperd.org](http://www.iahperd.org). **The State Association (IAHPERD) will re-direct all submitted names and applications for Health Educator of the Year to the appropriate IAHPERD District President or appointed designee.**
2. State District Presidents will present their District winners to the IAHPERD Recognition/Awards Committee by **April 1**.
3. The IAHPERD Recognition/Awards Committee will present one candidate for Illinois Health Educator of the Year for approval at the **April** meeting of the IAHPERD Executive Board. The state winner will be contacted in early **May**.
4. The IAHPERD TOY recipients will submit their revised applications to the Midwest District AAHPERD Recognition/Awards Committee Chair by **August 15**. Specific directions will be given to the IAHPERD TOY winners.
5. The Midwest District Health Teacher of the Year will be selected at the annual meeting of the Midwest District leadership in **late September or early October**. All winners of this award will be officially notified by Midwest District within two weeks of the Midwest District AAHPERD Leadership Conference. The Midwest District Awards Committee will instruct the winner to send his/her application packet to AAHPERD, Office of the Vice President of Programs, 1900 Association Drive, Reston, VA 20191, no later than **December 15**.
6. It is recommended that all Midwest District TOY winners review the AAHE website for other important information.
7. The six (6) AAHPERD District candidates for National Health Educator of the Year must attend the AAHPERD National Convention at their own expense. The selection committee at the AAHPERD National Convention will choose the National Health Educator of the Year from the six (6) AAHPERD District finalists. The award is presented at the AAHE luncheon.

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**&**

**American Association for Health Education  
AHEE HEPY**

**HEALTH EDUCATION (K-12) PROFESSIONAL OF THE YEAR  
Application Packet**

**OFFICIAL APPLICATION FORM**

**To be completed by nominee**

Detach the application and publicity forms from the rest of the packet and send them along with your letters of recommendation to your IAHPERD District President by **March 1**. All required materials must be sent simultaneously in one packet. Incomplete or incorrect submissions will be returned.

Should the space provided prove insufficient, please use additional sheets, clearly marking each item. You may create your own computer-generated copy of this form (recommended).

**Award Category:        School (K-12)**

**Nominator Name and Contact Information:**

Name:

Address

Work Phone (    )

Work E-mail:

Home Phone: (    )

Home Email:

Illinois District Nomination: \_\_\_\_\_

Midwest District Nomination: \_\_\_\_\_

Individual Nomination: \_\_\_\_\_

**Name and Address of Nominee:**

Name:

Address

Work Phone (    )

Work E-mail:

Home Phone: (    )

Home Email:

**Employment:**

Present Position:

Location of Employment:

Years of Service:

**Brief Job Description:**

**Supervisor Information:**

Name and Title:  
Address:

Work Phone: (    )  
Work E-mail:

Fax: (    )

**Educational Background:**

**Career History**

Brief career summary listing positions, locations, and length of service. Please begin with the most recent:

Position	Location	Length of Service

**Professional Affiliations and Activities**

Professional affiliations and activities (e.g., membership in professional organizations, offices held, etc. Include AAHPERD and IAHPERD membership numbers)

Organization	Office	Year/Member Number)

## **Contributions to the Field Criteria (see Award Criteria)**

Major consideration for the award will be given to the information provided under the four (4) criteria listed. Attach one (1) double spaced sheet for each criterion. In describing your qualifications under each criterion, specifically address innovation, major accomplishments, and significance to the field. Underline and label each criterion in capital letters. The descriptive text should begin on the next line.

1. Leadership in developing and implementing or directing/coordinating effective health education/promotion programs;
2. Volunteer service to local, state, district or national level organizations or at the school or community levels;
3. Service to local, state or national professional organizations;
4. Evidence of meritorious professional activity in at least three (3) of the following:
  - a. Innovative teaching, utilizes a variety of interesting teaching methodologies and provides innovative learning experiences;
  - b. Publications,
  - c. Presentations,
  - d. Funded research or programs,
  - e. Special projects,
  - f. Or other health related activities.

## **Letters of Recommendation**

Attach three (3) letters of recommendation from administrators/supervisors, professional colleagues and/or prominent officials (e.g., government officials) who are in a position to evaluate each candidate's qualifications. One of the letters must come from the current immediate supervisor. Please note that recommendations for district and/or national consideration should include district and/or national level recommendations. **It is the responsibility of the candidate to ensure the content of the recommendations meets the Award Criteria.**

## **Statement of Endorsement for Midwest District and National Recognition**

Attach, as a second page immediately behind cover sheet, a statement of endorsement on official Midwest District letterhead. The statement should read:

“Midwest District AAHPERD endorses \_\_\_\_\_ as a candidate for the AAHE HEPY Award in the K-12 School Category.”

**NOTE:** For the Midwest District Health Educator of the Year winner, this will be added to the application that is sent to AAHE/AAHPERD on December 1.

## **Sample Biography**

Candidate must provide biographical information to be used in the awards booklet should the candidate be selected the Midwest District award. See [www.aahperd.org](http://www.aahperd.org). Go to AAHE Awards for sample Bio.

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**HEALTH EDUCATION (K-12) PROFESSIONAL OF THE YEAR**

**SUPPORT INFORMATION AND PUBLICITY FORM (Revised 2009)**

**To be completed by nominee**

**ILLINOIS**

**MIDWEST DISTRICT AAHPERD**

Applicant's Full Name:

Applicant's Address:

Present Position/Title:

Home Phone:

Home Email Address:

Home Fax:

Work Phone:

Work Email:

Work Fax:

**School District Information:**

School District Administration Address:

Superintendent's Name:

Work Phone:

Work Email:

Work Fax:

Principal's Name:

Work Phone:

Work Email:

Work Fax:

Immediate Supervisor Name and Title:

Work Phone:

Work Email:

Work Fax:

School District Public Relations Officer:

Work Phone:

Work Email:

Work Fax:

**Newspapers:**

Newspaper:

Editor:

Address:

Work Phone:

Work Fax:

Work Email:

Station Name/Call Letters:

Contact Person:

Address:

Work Phone:

Work Fax:

Work Email:

**Government Officials:**

State Legislator:

Address:

Work Phone:

Work Fax:

Work Email:

U.S. Congress Rep:

Address:

Work Phone:

Work Fax:

Work Email:

U.S. Senator:

Address:

Work Phone:

Work Fax:

Work Email:

U.S. Senator:

Address:

Work Phone:

Work Fax:

Work Email:

**Others:** list others, including titles and addresses, to which your progress in this program should be reported.