



Project TEDD Nomination Packet Cover Sheet



Thank you for nominating a special education teacher/professional from your district to participate in Project TEDD for **ESC Regions 11, 12, 13, 14, or 15**. The following nomination materials should be completed and submitted for consideration to ProjectTEDD.educ@ttu.edu. Incomplete nomination packets may not be considered by the selection committee.

- Nomination Form
- Description of need for expertise in dual diagnosis
- Selection Criteria for Teacher Participants

Nominees and special education directors will be notified of selection decisions via e-mail, and each teacher selected will be asked to complete additional forms prior to the training. Five alternates will be selected in the event a selected individual does not return the participant information form or is unable to participate in the training program.

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Project TEDD Nomination Form 2023-2024

Directions: Please complete the following nomination form so that your special education teachers/professionals might participate in the train-the-trainer workshop for your region. **A separate nomination packet must be submitted for each nominee.** Preference is given to special education teacher nominees; however, other professionals (e.g., school counselors, licensed specialists in school psychology, educational diagnosticians, behavior specialists) are eligible to be nominated.

Training is limited to 20 participants within each ESC region. Nominations of individuals from diverse backgrounds are encouraged. The purpose of this one-day workshop is to train special education teachers/professionals to become trainers of other individuals on identification, referral, and supports for students who are diagnosed with intellectual disabilities and complex mental health needs (dual diagnosis). The workshop requires that participants be released for one school day to attend the training. All workshop attendees will be expected to train at least 5 teachers, parents, or related professionals from your school district. Special education teachers/professionals completing the workshop will receive \$100. Participants are required to train at least 5 others and will receive an additional \$100.

School District

ESC Region

Nominator Information

Name

Email _____

Telephone Number

Nominee Information

Name

Email

Telephone Number

Continue on next page

Describe the need for expertise in working with students with dual diagnosis in your school district.

Continue on next page



Selection Criteria for Nominee

Directions: It is the selection committee's goal to create a diverse cohort and this information will be used during the selection process. Please check the following as applicable to your district and nominee characteristics.

District Considerations

Location

- Urban (>50k)
- Urban Cluster (<50k)
- Rural (<2,500)

Size

- Large
- Medium
- Small

Support Staff Available

- LSSP None
- Special Ed Counselor
- Autism/Behavior Specialist

Need for Training in District Great Need Somewhat Needed Minimal Need

Nominee Considerations

Diversity Indicators

- Racial Minority
Specify: _____
- Nominee Disability

Population(s) Served

- Elementary (PK-5)
- Middle School (6-8)
- Secondary School (9-12)

Disabilities Served

- ID
- AU
- ED
- OHI

Years of Experience with IDD Students

- None < 1 Year 2-5 Years 6-10 Years 10+ Years

Average Number of Students with Developmental Disabilities Served Per Year

- None 1-2 Students 3-5 Students 6-10 Students 11+ Students

By nominating this individual, I confirm I am the district special education director. I agree the nominee is permitted to attend the full-day training workshop and can train at least five other individuals thereafter.

Signature _____

Date _____