San Antonio Area Association for Bilingual Education

Administrator of the Year Award 2018-2019

Introduction

An administrator is the ultimate leader: someone who guides, directs, and shows the way by attitude and example.

The San Antonio Area Association for Bilingual Education bestows the honor of Administrator of the Year to a person who is motivated by excellence. He / She is a proven master of implementation, support, and continual strive for excellence; He /She continually demonstrates advocacy and commitment to the success of Bilingual /Dual Language or ESL programs at his / her campus.

Award

The winner of the SAAABE Administrator of the Year Award 2018-2019 will be publicly

acknowledged and honored during the SAAABE Conference luncheon on Friday, February 1, 2019.

Qualifications

To qualify a public school administrator must demonstrate obvious continual support and advocacy of bilingual / dual language or ESL programs. A “Public School Administrator” is defined as a school principal, vice-principal, coordinators, and bilingual directors who serve in a public school system.

Criteria

Nominees must meet these qualifications and requirements:

1. Nominee must submit a written statement with a maximum of 200 words, stating why he/she believes in Bilingual/Dual Language or ESL education programs
2. Demonstrate direct involvement in school district activities aimed at promoting such programs; Involvement may be through workshops, conferences, parent meetings, etc.

Application must be completed and submitted along with required criteria by December 14, 2019. Please submit completed application to:

Emma Munguia

[emma.munguiza@yahoo.com](mailto:emma.munguiza@yahoo.com)

210-643-3920

SAAABE Administrator of the Year Award 2018-2019

Data Sheet

|  |  |
| --- | --- |
| **Nominee** |  |
| **Current Position:** |  |
| **Nominee’s Home Address** |  |
| **Home Phone Number** |  |
| **Name of School** |  |
| **Address of School** |  |
| **School Phone Number** |  |
| **Years in Present Assignment** |  |
| **Name of School District** |  |
| **Name of Superintendent** |  |
| **Name of Bilingual/ESL Program Director** |  |
| **Bilingual /ESL Director’s Phone Number** |  |
| **Bilingual/ESL Director’s Address** |  |
| **If nominee is the Bilingual/ESL director:**  **Name of** **Bilingual/ESL Program Director’s supervisor:** |  |
| **Supervisor’s Phone Number** |  |

I hereby give permission for any or all materials submitted for consideration for the SAAABE Administrator of the Year Award be shared with persons involved in promoting this award.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_