



Peoria Regional Chapter of the Autism Society of America

Outstanding Professional Award Application

Name _____

Phone Number _____

Email _____

Nominee's Name _____

Nominee's Occupation Teacher Teacher's Assistant/Aide Therapist
 Other _____

Nominee's Address

Nominee's Phone Number _____

Nominee's Place of Employment _____

Please answer the following questions. Feel free to use additional paper if needed.

1. What has the nominee done to help an individual(s) with autism?

Please mail applications to:
Peoria Regional Chapter of Autism Society of America
507 E Armstrong Ave
Peoria, IL 61603
Or email to: info@autismpeoria.com

2. What does the nominee do to help foster independence to those with autism?

3. In what ways has the nominee gone above and beyond their given role as a teacher/assistant/therapists/etc.?

4. Please list any other important information about why the nominee is deserving of the PRC of ASA Outstanding Professional Award.

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