

SCHOOL HEALTH SERVICE PROVIDER *of the Year*

School Health Service Provider of the Year Application

The Louisiana Department of Education recognizes that student health plays a vital role in education and that school health providers are the critical link in ensuring health service delivery to students. Through the School Health Service Provider of the Year program, the Department recognizes and celebrates some of the state's most exceptional occupational therapists, physical therapists, speech-language pathologists, audiologists, nurses, nurse practitioners, licensed practical nurses, and licensed behavioral health providers (LCSW/LMSW, LPC, and psychologists). This program provides an opportunity to acknowledge school health service providers who demonstrate superior provision of health services in schools and support the expansion of health services in schools.

An exemplary candidate for School Health Service Provider of the Year demonstrates excellence and expertise in the following areas:

- Knowledge and Expertise in the Field
- Advocate for Student Health
- Professional Growth
- Health Plan Growth
- Represents their Profession
- Additional Exceptional Work

A complete state-level application includes:

- Name of supervisor and email address
- Type licensure for applicant
- Responses to the written reflection questions
- Accomplishments that showcase your work
- [Candidate consent form](#)
- No student personal identifiable information should be entered into the application

I. SCHOOL SYSTEM SUPERVISOR CONTACT INFORMATION

Supervisor Prefix: (Mr., Mrs., Ms., Dr.)

Supervisor Name: (first, last)

Supervisor Phone Number: (cell preferred)

Supervisor Email Address:

School System/District:

Region: [View Regions here](#)

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II. CANDIDATE BASIC INFORMATION:

Candidate Prefix: (Mr., Mrs., Ms., Dr.)

Candidate Name: (first, middle, last)

Phone Number: (cell preferred)

Preferred Email Address:

Ethnicity: (American Indian or Alaskan, Asian, Black or African American, Hispanic/Latino, Multiple Ethnicities, Native Hawaiian or Other Pacific Islander, White)

School or School System Mailing Address: (street, city, state, zip code)

Area of Responsibility: occupational therapists, physical therapists, speech-language pathologists, audiologists, nurses, nurse practitioners, licensed practical nurses, and licensed behavioral health providers (LCSW/LMSW, LPC, and psychologists)

How long have you been a school based health provider?

III. WRITTEN REFLECTION QUESTIONS: In 500 words or less, respond to each of the following writing prompts.

- 1. Knowledge and expertise in the field:** Briefly describe your experience and journey to providing health services in the educational setting.
- 2. Advocates for student health:** Describe the ways you advocate for student health both in and out of school.
- 3. Professional growth:** How have you taken on leadership to develop professional growth in your field?
- 4. Health program health:** How have you worked within your educational setting to eliminate or narrow barriers to healthcare and increase access to health care?
 - a. Describe your work to grow the health program at your school/district.
- 5. Represent their profession:** How do you connect with other healthcare providers throughout your district and state to communicate as a representative of your healthcare community?
- 6. Additional documentation of exceptional work.**
 - a. Website links that are a demonstration of your work
 - b. Accomplishments that showcase your work

Resources: [Awards page](#) and [Resources Library](#).

Questions: healthyschools@la.gov