



Delaware Behavioral Health Professional of the Year Program

Name_____ Title_____

District/charter_____ School(s)/work site(s)_____

Work address_____

Work email_____ Work phone_____

Home address_____

Home phone_____ Overall years of BHP experience_____

Please answer the following questions (maximum of 300 words each):

- Describe how your work and community responsibilities have supported the success of your students and/or educational setting.

- Describe how your relationships with students, families, community members and/or colleagues support the success of your students and/or educational setting.

- Describe a project or initiative you have been involved in. What was your role, and how did this contribute to the overall school culture?

- Describe how your work exemplifies and celebrates the role of behavioral health professionals in your workplace and community.

Please attach a copy of your certification/licensure credential and letters of recommendation.

For questions, contact Alison May at alison.may@doe.k12.de.us or 302-735-4006.