



Central Illinois Autism Association

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?

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

Please mail applications to:
Central Illinois Autism Association
507 East Armstrong Ave
Peoria, IL 61603
fax: (309) 687-2030

Or email to- autismpeoria@gmail.com



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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