



Family, Career and Community Leaders of America, Inc. ®

Adviser Mentor

2017-2018 National Award Guidelines

Family, Career and Community Leaders of America (FCCLA) recognizes current advisers who have been successful in: achieving Master Adviser Recognition, devoting two years to new adviser assistance, assuming adult leadership roles in FCCLA, conducting adviser workshops, attending training workshops, and using national and state FCCLA resources.

The mission of FCCLA is to promote personal growth and leadership development through family and consumer sciences education. Focusing on the multiple roles of family member, wage earner, and community leader, members develop skills for life through: character development, creative and critical thinking, interpersonal communication, practical knowledge, and career preparation.

The purpose of FCCLA is

- to provide opportunities for personal development and preparation for adult life
- to strengthen the function of the family as the basic unit of society
- to encourage democracy through cooperative action in the home and community
- to encourage individual and group involvement in helping achieve global cooperation and harmony
- to promote greater understanding between youth and adults
- to provide opportunities for making decisions and for assuming responsibilities
- to prepare for the multiple roles of men and women in today's society
- to promote family and consumer sciences, careers and related occupations

Deadline:

All nominations are due to FCCLA state adviser postmarked by February 1, 2018. Nominations should be submitted online by the state adviser by April 1, 2018. Nominations sent after the deadline will not be considered.

Award

Adviser Mentor award recognizes the skills of experienced advisers who help orient and train new advisers. It also recognizes advisers who have been successful in--

- achieving Master Adviser recognition;
- devoting two years to new adviser assistance;
- assuming adult leadership roles in Family, Career and Community Leaders of America; conducting adviser workshops;
- attending training workshops;
- using national and state FCCLA resources.

Criteria:

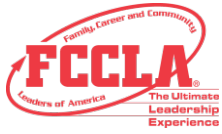
Nominees will be recognized for their service to Family, Career and Community Leaders of America, Inc., in one or more of the areas listed below. A committee appointed by the state adviser will evaluate each application. Evaluation will be based on the following:

- New Adviser Assistance
 - Leadership Roles
 - Professional Development
 - Recommendations

Official Rules:

- Nominations may be submitted by: adviser award candidate, teacher educator, local family and consumer sciences supervisor, state adviser, professional colleague, or FCCLA member.
- Nominee must have attained Master Adviser recognition
- Nominee must have assisted beginning or returning advisers for a minimum of two years after receiving Master Adviser recognition
- Nominee must serve as a current FCCLA Adviser
- For award consideration, nominations must be submitted online by April 1
- Winner will be recognized at the 2018 National Leadership Conference in Atlanta, Georgia.

All Adviser Mentor nominations must be submitted online by State Advisers to FCCLA National Headquarters by April 1.



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INSTRUCTIONS

Type all information. Do not attach additional pages or materials except where noted. Responses to questions should be based on your work as an Adviser Mentor during a two-year period.

RETURN THE FOLLOWING TO YOUR STATE ADVISER BY **FEBRUARY 1**:

1. A completed copy of this Adviser Mentor Application.
2. One recommendation from each of the groups listed below is required. Photocopy the recommendation form provided, giving one copy to each individual.
 - FCCLA member
 - school administrator (principal, superintendent or vocational director)
 - person of candidate's choice (teacher educator, city supervisor, another teacher, etc.)

CANDIDATE INFORMATION

Name of Candidate _____

Chapter _____

School _____

Principal's Name _____

School Address _____

City/State/Zip _____

Home Address _____

City/State/Zip

Phone: School _____ Fax _____ Home _____

E-mail _____

Number of years teaching _____ Number of years advising _____

Courses taught: Comprehensive Occupational Number of Members in Chapter _____

Grade levels taught _____

Family and Consumer Sciences courses currently teaching _____

When FCCLA chapter meets (in class or outside of class) _____

A. NEW ADVISER ASSISTANCE (45%)

List names of advisers you have helped develop a chapter (new or reaffiliated) since you achieved Master Adviser status. Describe both how you helped them become involved in state and national programs and develop advising skills.

Year	Adviser's Name	Chapter	How You Helped Them

B. LEADERSHIP ROLES (35%)

1. Describe FCCLA leadership roles you have fulfilled and adviser training workshops you have conducted at the district, state and national levels.

2. List your most rewarding accomplishments as an Adviser Mentor.

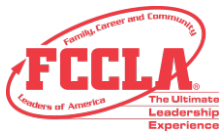
C. PROFESSIONAL DEVELOPMENT (10%)

1. Describe FCCLA leadership roles you have fulfilled beyond your local chapter, in-service training sessions, and other professional development activities during your years as an adviser.

D. ADVISER MENTOR RECOMMENDATIONS (10%)

Please photocopy the attached Adviser Mentor Recommendation Form and secure one recommendation from each of the groups listed below. A total of three recommendations are required.

- FCCLA member
- School administrator (principal, superintendent or vocational director)
- Person of candidate's choice (teacher educator, city supervisor, another teacher, etc.)



FCCLA ADVISER RECOGNITION PROGRAM 2017-2018 ADVISER MENTOR RECOMMENDATION

APPLICANT INSTRUCTIONS

Type your name in the blank below and send this form to three people who can evaluate your performance as an FCCLA Adviser.

EVALUATOR INSTRUCTIONS

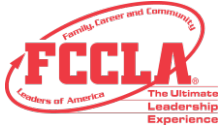
_____ is applying for recognition as an Adviser Mentor. Your assistance in evaluating this applicant will be appreciated.

Please read the information below and use the attached form to rate the candidate in these areas. Return this form to the candidate no later than **January 15**. Thank you for your recommendation.

An Adviser Mentor is one who has--

- devoted at least two years to assisting beginning or returning advisers;
- encouraged teachers to establish chapters;
- encouraged beginning advisers to participate in state and national activities;
- helped beginning advisers develop plans and systems of management;

- provided positive reinforcement to new advisers;
- listened to beginning advisers' concerns;
- conducted adviser training activities;
- assumed adult leadership roles in Family, Career and Community Leaders of America;
- attended recent FCCLA meetings beyond the local level;
- used current FCCLA resources.



FCCLA ADVISER RECOGNITION PROGRAM
2017-2018 ADVISER MENTOR RECOMMENDATION

Name of candidate _____

INSTRUCTIONS

Use this form to rate the candidate's advising skills, checking the appropriate rating. Return this form to the candidate _____

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	no later than
1. Assists beginning advisers to--				
<input type="checkbox"/> establish new chapter;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	January 15.
<input type="checkbox"/> participate in state and national activities;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signature
<input type="checkbox"/> develop plans and systems of management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Listens to beginning advisers' concerns and provides positive reinforcement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date
3. Assumes adult leadership roles in FCCLA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Conducts adviser training activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PERSON
5. Participates in professional development for advisers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMPLETING
6. Attends FCCLA meetings beyond local level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THIS FORM:
7. Uses FCCLA resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INDICATE

Comments:

INDICATE YOUR POSITION:

Name

FCCLA Member

Title _____

☐ School Administrator

School _____ (principal, _____ superintendent or
_____ vocational director)

Address

☐ Person of candidate's

City/State/Zip _____ choice (teacher educator, city
supervisor, teacher, etc)

Phone

E-mail _____