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**IDD Leader of the Year**

Please answer the questions below to complete your nomination for consideration

by the selection committee.

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| **YOUR FIRST AND LAST NAME** |  |
| **Your Job Title and Chimes Location** |  |
| **First and Last Name of LEADER**  **you’re nominating** |  |

Explain why the above nominee deserves the **IDD Leader of the Year Award**, highlighting their **leadership excellence, quality of care, staff development and support, program innovation, collaboration, and communication skills**. Use the other side as well, if needed. If you’re completing this paper form, please submit at the designated area indicated by your supervisor.

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