

Family, Career and Community Leaders of America, Inc.
Advisor Recognition Program
MASTER ADVISOR

Without capable adult leaders, students could not take advantage of the many opportunities offered through Family, Career and Community Leaders of America. Being a good advisor takes special skills and a tremendous commitment of time and energy. Exceptional advisors motivate their chapters to take advantage of opportunities beyond the local level, use a wide variety of resources available to them and encourage student involvement. These advisors also share their expertise by offering advisor workshops to work one-on-one with new advisors.

Family, Career and Community Leaders of America's Advisor Recognition Program seeks to reward outstanding local advisors--those who make significant contributions to the organization. This recognition will attract attention from administrators and community members and call attention to the value of vocational family and consumer sciences programs.

The Advisor Recognition Program recognizes advisors at two levels.

- * **Master Advisor** recognizes outstanding advisors who operate co-curricular chapters with a balanced program of work.
- * **Advisor Mentor** recognizes advisors who have achieved the level of Master Advisor and have worked with beginning advisors to orient them to Family, Career and Community Leaders of America.

MASTER ADVISOR RECOGNITION

This program recognizes advisors who have been successful in --

- * advising an affiliated chapter for a minimum of three years;
- * promoting the organization;
- * operating a co-curricular chapter with a balanced program of work;
- * facilitating youth-centered activities;
- * keeping abreast of new happenings within the organization.

Criteria for Evaluation

Chapter facilitation accomplishments	50%
Promoting the organization	30%
Professional development	10%
Recommendations	10%

Requirements

Candidates must successfully complete three years of advising to be eligible for recognition. Applicants in their third year of advising may apply.

Application Process

The candidate should submit a typed application and the three required recommendations to the state advisor by February 1. This application may be submitted by the candidate or as a nomination by another advisor, teacher educator, local family and consumer sciences supervisor, state advisor, professional colleague or FCCLA member. When nominating candidates, it may be best to contact the nominee to obtain complete information.

Review Process

A committee appointed by the state advisor will evaluate each application. The review team may include a variety of individuals such as state officers, teacher educators, local family and consumer sciences supervisors, professional organization representatives or administrators. Applications and state summaries will be forwarded to national headquarters by April 1.

Recognition

Master Advisors will be recognized at the State Leadership Conference during the Advisors Session. All recipients selected on the state level will be recognized at the National Leadership Meeting. Recognition pins will be presented to recipients attending the meeting. Advisors unable to attend will receive their pins by mail following the meeting. Recognition items may be purchased from API, 4471 Nicole Drive, Lanham, Maryland, 20706, 800/507-7007, or www.fccla-store.com.

Submit by **February 1** to:

Family, Career and Community Leaders of America
Family and Consumer Sciences Education
Department of Elementary and Secondary Education
P.O. Box 480
Jefferson City, Missouri 65102-0480

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**Family, Career and Community Leaders of America, Inc.
Advisor Recognition Program**

MASTER ADVISOR APPLICATION

Instructions:

Type all information. Do not attach additional pages or materials except where noted. If you have too much information for the allotted space, select your best examples.

Return the following to the state advisor by February 1:

1. A completed copy of this Master Advisor 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 _____

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. Chapter Facilitation Skills and Accomplishments (50%)

1. Describe how you introduce Family, Career and Community Leaders of America to your students.
2. Describe how projects are planned in your chapter.
3. List types of recognition offered to your chapter members.

Types of Recognition

Who Plans This Recognition

When Received

4. Briefly describe co-curricular chapter projects completed during the past three years representative of your chapter's program of work.

5. Size of family and consumer sciences program and FCCLA members during past three years.

Year

Family and Consumer Sciences Enrollment

FCCLA Members

B. Promoting the Organization (30%)

1. *Candidates for office.* Note below the number of officer *candidates* you have sponsored for positions beyond the chapter level during your teaching career.

_____ District* _____ State _____ National

2. State and nationally sponsored meetings. List the calendar years you have attended any state or nationally sponsored meetings.

District _____

State _____

National _____

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MASTER ADVISOR 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 advisor. (See instructions on Master Advisor Application.)

Evaluator Instructions

_____ is applying for recognition as a Master Advisor. 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.

A Master Advisor is one who has--

- * completed or is completing three years of advising;
- * communicated the opportunities of Family, Career and Community Leaders of America (local, state and national levels) to students in the family and consumer sciences program;
- * publicized Family, Career and Community Leaders of America activities that promote a positive, up-to-date image of vocational family and consumer sciences;
- * advised a chapter that carries out a program of work that--
 - ✍ relates to the purposes of the organization;
 - ✍ includes curriculum-related projects, balanced by fundraising activities, membership promotion, social events, public relations events and business meeting;
 - ✍ include local activities related to state and national projects (such as membership promotions, Families First, STAR Events, Power of One, Financial Fitness, or Leaders at Work);
 - ✍ includes opportunities for individualized, competitive and cooperative action.
- * helped members plan projects related to their own concerns;
- * encouraged chapter activities relating to the scope of vocational family and consumer sciences subjects being taught.

Family, Career and Community Leaders of America, Inc.
MASTER ADVISOR 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 no later than **January 15**.

	YES	NO	DON'T KNOW
1. Promotes FCCLA involvement to students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Develop a relevant program of work * relates to family and consumer sciences education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* develops a balanced program of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* involves students in state and national activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* included cooperative, competitive and individualized activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Encourages youth-planned chapter projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Includes chapter projects representing the scope of family and consumer sciences subjects being taught	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Publicizes Family, Career and Community Leaders of America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Signature
Date

Person completing this form:

NAME	
TITLE	
SCHOOL	
ADDRESS	
CITY/STATE/ZIP	
PHONE	

Indicate your position:

School Administrator
 (principal, superintendent,
 vocational director)

FCCLA Member

Person of Candidates choice
 (teacher educator, city supervisor,
 another teacher, etc.)