

**DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
STUDENT OF THE MONTH PROGRAM**

***STUDENT OF THE MONTH ELIGIBILITY REQUIREMENTS***

- Student enrolled in a grade K-12 in a Missouri public school;
- Any previous Student of the Month recipient for the last 12 months is ineligible;
- No pending disciplinary/suspension action, nor have had any in the last 12 months;
- Attends school regularly with minimal or no tardiness.

***STUDENT OF THE MONTH NOMINATION CRITERIA***

A student being nominated for Student of the Month should exemplify one or more of the following characteristics or qualities:

- Has a positive attitude in school;
- Motivates or serves as role model for others;
- Has shown use of initiative or creativity in the accomplishment of an assignment;
- Academic Performance – improvement in or receives good grades, class participation/preparation, completion of assignments;
- Behavior – obeys rules, shows respect to peers and authority, displays self-control, well-mannered, includes behavior in and out of the classroom;
- Effort – works hard and has a positive attitude toward others and learning;
- Character – displays qualities such as adaptability, citizenship, compassion, honesty, initiative, integrity, leadership, loyalty, optimism, perseverance, respect, responsibility or trustworthiness;
- Social Relationships – willingness to help others.

***STUDENT OF THE MONTH AWARD***

The student that is selected as the Department of Elementary and Secondary Education's (Department) Student of the Month:

- Receives a Resolution from the Commissioner of Education;
- Will be featured in an article posted on the Department's website: [dese.mo.gov](http://dese.mo.gov), on Facebook and Twitter. (The article will also be sent to the student's local newspaper and the winning student's selection could be picked up by other news media.)

***TIMELINE AND RULES FOR SUBMISSION***

- Student entries must be submitted by the student's teacher or principal and approved by the superintendent and parental/guardian permission must be given.
- The student's transcript should be included with their nomination form.
- Entries should be submitted by the 15<sup>th</sup> of the month prior to the potential award month.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
COMMISSIONER'S DIVISION - COMMUNICATIONS

**STUDENT OF THE MONTH NOMINATION**

STUDENT INFORMATION			
STUDENT NAME	GRADE LEVEL	SCHOOL NAME	
SCHOOL ADDRESS	SCHOOL CITY	SCHOOL STATE	SCHOOL ZIP
Please respond to the following questions in complete and specific terms that are related to the nomination. Give precise examples of the student's performance or actions which qualify him/her to be nominated as Student of the Month. All information must be contained on the forms provided. Please <b>DO NOT</b> include additional sheets. Any public school teacher, principal or superintendent may nominate a student from his/her school for this award.			
1. Why are you nominating this student? Describe his/her actions or accomplishments.			
2. Describe the amount of initiative and extra effort that the student put forth.			
3. Additional Comments			

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).

**NOMINATOR INFORMATION** *(Must be a Missouri public school teacher or principal to nominate.)*

NAME (PRINT)	SIGNATURE
JOB TITLE	DATE
EMAIL ADDRESS	PHONE NUMBER

**APPROVAL SIGNATURES** *(If principal is nominating the student, only superintendent needs to sign below.)*

PRINCIPAL NAME (IF NOT NOMINATOR)	SIGNATURE	DATE
SUPERINTENDENT NAME (IF NOT NOMINATOR)	SIGNATURE	DATE

**PARENT/GUARDIAN PERMISSION**

I hereby authorize \_\_\_\_\_ (Name of School) to release a copy of my child's transcript to the Department of Elementary and Secondary Education for the sole purpose of participation in the Student of the Month Program. I understand that their selection means public release/recognition of the award in news media and social media.

PARENT/GUARDIAN NAME	SIGNATURE	DATE
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