



FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA, INC. ®  
2010-2011 ADVISER RECOGNITION PROGRAM  
**ADVISER MENTOR OVERVIEW**

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## **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 FOR EVALUATION**

A. New adviser assistance	45%
B. Leadership roles	35%
C. Professional development	10%
D. Recommendations	10%

## **REQUIREMENTS**

The candidate must have--

- attained Master Adviser recognition;
- assisted beginning or returning advisers for a minimum of two years after receiving Master Adviser recognition.

## **APPLICATION PROCESS**

A typed application and at least three recommendations should be submitted to the **state adviser by February 1**. This application may be submitted by the candidate or as a nomination by another adviser, teacher educator, local family and consumer sciences supervisor, state adviser, professional colleague or FCCLA member. Nominees may need to be contacted to obtain complete information.

## **REVIEW PROCESS**

A committee appointed by the state adviser will evaluate each application. The review team may include a variety of individuals such as state officers, local advisers, 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**

All recipients selected at the state level will be recognized at the National Leadership Conference. Recognition pins and certificates will be presented to recipients attending the meeting. Advisers unable to attend will receive their awards by mail following the conference.



**FCCLA ADVISER RECOGNITION PROGRAM**  
**2010-2011 ADVISER MENTOR APPLICATION**

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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 advisor 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 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**  
**2010-2011 ADVISER MENTOR RECOMMENDATION**

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**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**  
**2010-2011 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 no later than **January 15**.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Assists beginning advisers to--			
• establish new chapter;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• participate in state and national activities;	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
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"/>
5. Participates in professional development for advisers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Attends FCCLA meetings beyond local level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Uses FCCLA resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PERSON COMPLETING THIS FORM:**

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 School \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

**INDICATE YOUR POSITION:**

- FCCLA Member
- School Administrator (principal, superintendent or vocational director)
- Person of candidate's choice (teacher educator, city supervisor, teacher, etc)