Nomination Form

KSNA Team of the Year Award

I wish to nominate the _________________________________ Team from
____________________________________School District.

The above named team has exemplified exceptional behavior (see important criteria on the
attached score sheet) and should be recognized because:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Percentage of Participation ____________

Percentage of Attendance ____________

Percentage of Health Dept. score ____________

Percentage of SNA Members ____________

Nomination Submitted By: ____________________________________________

Signature: __________________________ Date: __________________________

Submit to: State President

Deadline: May 1
KSNA Team of the Year

Based on achieving the highest performance standards, the Team of the Year goes to those individuals who have demonstrated excellence in customer service, productivity and professionalism.

The purpose of the TEAM OF THE YEAR AWARD:

1. To recognize within our profession those individuals who through their great work ethic and customer service have demonstrated superior performance on a continuing basis.

2. To make the educational community specifically and the public generally more aware of the responsibilities handled by School Teams and the manner in which those responsibilities have been met.

3. To provide an additional incentive for Managers and Assistants to seek improvement in their programs in order to qualify for nominations and selection as Team of the Year and/or share with other Teams those skills which have resulted in programs of excellence.

School district employees and School Nutrition Directors are encouraged to nominate their School Teams. Managers and Assistants should feel free to nominate themselves and/or their colleagues.

A scale with the criteria and scoring is included with this information.

Award: This award will be presented at the Annual KSNA Conference.

Deadline: May 1
# Team Of The Year
## Score Sheet

**SCHOOL NAME** ____________________________________________

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>POINTS EARNED</th>
<th>POINTS AVAILABLE</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation percentage</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Attendance percentage</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Participates in &quot;Dress-up&quot; Days at the school</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Great Customer Service</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Health Inspection %</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>SNA/KSNA Membership percentage</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Concerned about the appearance of the serving line.</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Keeps the work load fair.</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Has a &quot;family&quot; environment at their school.</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Productive but FUN kitchen.</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL POINTS</strong></td>
<td></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>