NOMINATING PROFESSIONAL RECOMMENDATION #2 For INFINITEC NORTH STUDENT TECHNOLOGY ACHIEVEMENT AWARD (must be completed by person other than nominating professional)

STUDENT'S NAME: SCHOOL DISTRICT/COOP:	
Recommending PROFESSIONAL Information: Name: Email Address: Work Phone: Cell Phone: Mailing Address: City/Zip:	
1. Please describe the assistive technology that the learner is using, including the names of specific devices.	5
2. Please describe your student's level of independence when using technolog	3y.
3. Please share this student's extracurricular activities including interests, hobbies, school, home and/or community activities.	

4. How has technology impacted this student's educational success?	
5. Please give an example of how this student has generalized his/her use of technology to settings outside of the classroom?	Î
6. What is this student's best characteristic?	
7. If you could describe the student using one sentence, it would be	
Please attach 2 separate recommendation forms with Student Nomination Fo digital photo, and parent permission by January 20, 2017 To: Heather Miller, 7550 West 183 rd Street, Tinley Park, IL 60477. Phone (708) 444-8460 x243 Fax: (708) 444-4204. E-mail:	