Component Award Description
Schools that embrace an Advisor/Advisee model in order to provide adult advocacy for all middle level students.

Application Criteria
- Schools that apply must be current OMLA Institutional Members.
- A school may apply for a component award in more than one area.
- A school that has received a component award cannot be nominated for a component award in the same area for the following two years.
- Applications must be received by the posted deadline.
- Applicant provides documentation that demonstrates exemplary practices in the specific Component Award area.

Awarding the Honor
- A committee of the Ohio Middle Level Association Executive Board members will review all applications.
- Applicants that meet the criteria on paper are notified and a site-visitation team of OMLA members and/or consultants is scheduled to verify the middle level component practice.
- Recipients will be recognized at the state conference awards reception with a plaque honoring their accomplishment.

*All criteria below must be addressed in the written application to be considered.

Criteria/Rating Scale

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Accomplished</td>
</tr>
<tr>
<td>3</td>
<td>Proficient</td>
</tr>
<tr>
<td>2</td>
<td>Developing</td>
</tr>
<tr>
<td>1</td>
<td>Limited/No evidence</td>
</tr>
</tbody>
</table>

Award Criteria

Criterion 1  Give clear evidence that an Advisor/Advisee Program supports the mission statements of the district and school and is reflective of the middle level philosophy.

Criterion 2  Give clear evidence that the Advisor/Advisee Program is scheduled on a regular basis, with sufficient time allotted to conduct activities.

Criterion 3  Describe how all teachers and or other staff members have the opportunity to be involved as advisors.

Criterion 4  Describe how the Advisor/Advisee is a process developed through a set of experiences that establishes rapport between adults and students.

Criterion 5  Provide evidence that Parents are well informed about the advisor/advisee program and the opportunities for each student.

Criterion 6  Describe the goals of the Advisor/Advisee Program and how the staff was a part of the process.

Criterion 7  Describe of the program will be evaluated each year.

Applications must be submitted online or sent to the address below by March 9, 2023

Mike Kauffeld
Toll Gate Middle School
12089 Toll Gate Road • Pickerington, Ohio 43147
Phone: 614-834-6406
michael_kauffeld@plsd.us
Ohio Middle Level Association
2023 COMPONENT AWARD
Advisor/Advisee

About the School

Name of School: _________________________________________________________________

Address: ______________________________________________________________________________________________

City: ______________________________________________________________ State: _______ ZIP: ______________

Name of School District: _________________________________________________________________________________

Name of Principal: _______________________________________________________________________________________

Student Enrollment: ______________________________________________________ Grades: ________________________

Brief narrative of the school demographics: _________________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

About the Person(s) Completing the Application

Person(s) Completing Application: ____________________________________________________________________________

Date of Submission: _________________________________________________________________________________________

Please provide one point of contact for communications:

Contact's Name: ___________________________________________________________________________________________

Phone Number: _____________________________________________________________________________________________

E-Mail Address: _____________________________________________________________________________________________

Please address each criterion with a separate written response citing examples and/or evidence. Please attach a separate sheet for each Criterion Heading.

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