



IMPLEMENTATION AWARD NOMINATION FORM
for
ACHIEVEMENT OF IMPLEMENTATION FIDELITY
ASD EVIDENCE BASED PRACTICE
[submit to: aengland@marinschools.org]

CAPTAIN CADRE SUBMITTING NOMINATION:

NAME: _____

CAPTAIN REGIONAL GROUP: _____

***AWARD RECIPIENT:**

NAME: _____

POSITION/TITLE (E.G., TEACHER, SLP, ETC.) _____

SCHOOL & SCHOOL DISTRICT: _____

SELPA: _____

MONTH/DATE/YEAR: _____

*WHICH ASD EBP: _____

***The award recipient must have used the NPDC - ASD fidelity implementation checklist for this EBP and demonstrated at least 80% fidelity with the EBP over a period of at least 3 months (i.e., 80% fidelity occurred over a 3-month period of time, not just during a single visit during the 3-month time period).**