



**A. Chapter Facilitation Skills and Accomplishments (50%)**

1. Describe how you introduce Family, Career and Community Leaders of America to your students.
2. Describe how projects are planned in your chapter.
3. List types of recognition offered to your chapter members.

Types of Recognition                      Who Plans This Recognition                      When Received

4. Briefly describe co-curricular chapter projects completed during the past three years of your chapter's program of work.
5. Size of family and consumer sciences program and FCCLA members during the past three years.

Year                      Family and Consumer Sciences Enrollment                      FCCLA Members

**B. Promoting the Organization (30%)**

1. *Candidates for office.* Note below the number of officer *candidates* you have sponsored for positions beyond the chapter level during your teaching career.

\_\_\_\_\_ Region                      \_\_\_\_\_ State                      \_\_\_\_\_ National

2. *State and nationally sponsored meetings.* List the calendar years you have attended any state or nationally sponsored meetings.

Region \_\_\_\_\_

State \_\_\_\_\_

National \_\_\_\_\_

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3. Identify state and national publicity resources you have used in the last three years to promote the organization. (video, posters, *Teen Times*, etc.)
  
  
  
  
  
  
  
  
  
  
4. Identify ways your chapter publicizes FCCLA in the community and school.

### **C. Professional Development (10%)**

Describe FCCLA leadership roles you have fulfilled beyond your local chapter, in-service training sessions and other professional development activities during your years as an adviser.

### **D. Master Adviser Recommendation (10%)**

Please photocopy the attached Master Adviser Recommendation Form and secure one of each the groups listed below. A total of three recommendations is recommended.

- FCCLA member
- School administrator (principal, superintendent or vocational director)
- Person of candidates choice (teacher educator, city supervisor, another teacher, etc.)

# FCCLA Adviser Recognition Program

## *Master Adviser Recommendation*

### **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. (See instructions on Master Adviser Application).

### **Evaluator Instructions**

\_\_\_\_\_ is applying for recognition as a Master Adviser. 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.

A Master Adviser is one who has--

- completed or is completing three years of advising;
- communicated the opportunities of Family, Career and Community Leaders of America (local, state and national levels) to students in the family and consumer sciences program;
- publicized Family, Career and Community Leaders of America activities that promote a positive, up-to-date image of family and consumer sciences;
- advised a chapter that carries out a program of work that--
  - relates to the purposes of the organization;
  - includes curriculum-related projects, balanced by fund raising activities, membership promotion, social events, public relations events and business meetings;
  - includes local activities related to state and national projects (such as membership promotions, Families First, STAR Events, Power of One, Financial Fitness or Leaders at Work);
  - includes opportunities for individualized, competitive and cooperative actions;
- helped members plan projects related to their own concerns;
- encouraged chapter activities relating to the scope of family and consumer sciences subjects being taught.

## *FCCLA Master Adviser 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. Promotes FCCLA involvement to students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Develops a relevant program of work--			
■ relates to family and consumer sciences education;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ develops a balanced program of work;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ involves students in state and national activities;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ includes cooperative, competitive and individualized activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Encourages youth-planned chapter projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Includes chapter projects representing the scope of family and consumer sciences subjects being taught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Publicizes Family, Career and Community Leaders of America.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Comments:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Person completing this form:

Name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Indicate your position:

FCCLA Member

School Administrator

(principal, superintendent or vocational director)

Person of candidates choice

(teacher educator, city supervisor, another teacher, etc)