

Safety Leader Award Application

This Award is designed to be given to up to five (5) teachers/leaders at the school site who have shown excellence in their participation in the Transportation Safety Education Project. Award winners will be selected by the Mississippi Department of Transportation and will be given a monetary award.

To be eligible for this award, the teacher/leader will:

- a) participate in webinar training
- b) complete webinar evaluation (provided after webinar is completed)
- c) teach or assist with teaching, and document the teaching of the lesson plans
- d) participate in the planning and implementation of one or more of the annual safety events as outlined in this project.
- e) assist in the planning and implementation of a Safety Fair at the school
- f) assist with meeting the 60% school participation rate for MDOT website Safe Driver Pledge
- g) prepare and provide MDOT with at least one classroom success story relating to the implementation of the Transportation Safety Project
- h) turn in Safety Leader Award application by **April 30, 2016**.

Interested candidates should complete this form and turn it in with appropriate documentation to the Mississippi Department of Transportation – Attention: Christy Milbourne - Safety Education Programs Branch Director - Traffic Engineering Division (76-01) - Post Office Box 1850 - Jackson, Mississippi 39215-1850, on or before **April 30, 2016**.

Name _____ Grade Taught _____

School _____

1. Give the date that you participated in the training webinar _____

2. Use the form provided within this application, titled **Lesson Plan Summary Form** to give information concerning the lesson plans/activities that you taught.

3. What National Safety Event(s) did your school participate in?

4. How did you assist with the planning and implementation of the National Safety Event?

5. Date of your school's Safety Fair? _____

6. What role did you play in planning for the Safety Fair? (*Assistance might include: working with other staff members to plan a date and time for the event, contacting MDOT, contacting community partners, assisting with set-up, media announcements, etc.*)

7. What role have you played in assisting your school to achieve the 60% participation rate for the MDOT website's Safe Driver Pledge?

8. Provide signatures:

Your signature _____

Your Principal's Signature _____

Date _____

Transportation Safety Education Program
Lesson Plan Documentation

LESSON PLAN #1

(Please use one form per lesson plan, per teacher. Two lesson plan minimum to complete benchmark.)

Name of Lesson Used: _____

Date: _____

Teacher Name: _____

Your thoughts about the plans/activities:

Your students' reaction to the plans/activities. Please include examples of student work.

Transportation Safety Education Program
Lesson Plan Documentation

LESSON PLAN #2

(Please use one form per lesson plan, per teacher. Two lesson plan minimum to complete benchmark.)

Name of Lesson Used: _____

Date: _____

Teacher Name: _____

Your thoughts about the plans/activities:

Your students' reaction to the plans/activities. Please include examples of student work.

Transportation Safety Education Program
Lesson Plan Documentation

LESSON PLAN #3

(Please use one form per lesson plan, per teacher. Two lesson plan minimum to complete benchmark.)

Name of Lesson Used: _____

Date: _____

Teacher Name: _____

Your thoughts about the plans/activities:

Your students' reaction to the plans/activities. Please include examples of student work.

Transportation Safety Education Program
Lesson Plan Documentation

LESSON PLAN #4

(Please use one form per lesson plan, per teacher. Two lesson plan minimum to complete benchmark.)

Name of Lesson Used: _____

Date: _____

Teacher Name: _____

Your thoughts about the plans/activities:

Your students' reaction to the plans/activities. Please include examples of student work.

Transportation Safety Education Program
Lesson Plan Documentation

LESSON PLAN #5

(Please use one form per lesson plan, per teacher. Two lesson plan minimum to complete benchmark.)

Name of Lesson Used: _____

Date: _____

Teacher Name: _____

Your thoughts about the plans/activities:

Your students' reaction to the plans/activities. Please include examples of student work.

Transportation Safety Education Program

Lesson Plan Documentation

LESSON PLAN # _____

(Please feel free to photo copy this page and submit for each additional lesson plan taught.)

(Please use one form per lesson plan, per teacher. Two lesson plan minimum to complete benchmark.)

Name of Lesson Used: _____

Date: _____

Teacher Name: _____

Your thoughts about the plans/activities:

Your students' reaction to the plans/activities. Please include examples of student work.

Transportation Safety Education Program

Final Summary Report

Benchmark 1: Please provide the names and positions of school staff who participated in the webinar training.

Benchmark 2: Please provide the names of the lesson plans used at your school (must be 2 or more):

Benchmark 3: Which annual safety event(s) did your school participate in?

Benchmark 4: Please provide any comments you have regarding the school's Safety Fair. Please include both positive and negative feedback – what went well, what could have been better.

Benchmark 5: Please give a summary of your schools' experience with the MDOT website and the students' participation with the Safe Driver Pledge.

Please provide any additional comments. What challenges did you face during the implementation of this project? What were some highlights? Would you recommend a project like this continue at this school or others?

THANK YOU for your participation in the Transportation Safety Education Program!

Please submit completed report to:

Christy Milbourne
MS Department of Transportation
Traffic Engineering Division (76-01)
Post Office Box 1850
Jackson, MS 39215-1850