



**Implementation Award Nomination Form
for
Achievement of Implementation Fidelity
Autism Evidence Bases Practices**

[Submit to Your Regional Implementation Lead]

CAPTAIN Cadre Submitting Nomination

Name:

CAPTAIN Regional Group:

***Award Recipient**

Name:

Position/Title (e.g., Teacher, SLP):

School & School District:

Month/Date/Year:

Which 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).**