

**Regional Teacher of the Year**

**Nomination Form**

**Section 1 - Professional Information**

Complete all sections of this form. This information will be used to notify your school district officials of your selection as a Regional Teacher of the Year. Make sure that all information is accurate and legible.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Individual Information** | | | | | | | |
| **Region Number** |  | **Regional Association** | |  | | | |
| **Name** | **(Circle One) First MI Last**  DR - MR - MRS MISS - MS | | | | | | |
| **Home Address** | **Street** | | | | | | |
| **City State Zip** | | | | | | |
| **Home Phone** |  | | **Home Email Address** | |  | | |
| **Teaching Position** |  | | | | | **Years Teaching** |  |
| **Grade(s) Taught** |  | | **School Email Address** | |  | | |
| **Courses Taught** |  | | | | | | |
| **The nominee must have been a NYSTEEA member for one year prior to this application** | | | | | | | |

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| **Building Information** | | | |
| **Principal** | **(Circle One) First MI Last**  DR - MR - MRS MISS - MS | | |
| **School** |  | | |
| **Address** | **Street** | | |
| **City State Zip** | | |
| **Phone** |  | **Email Address** |  |
| **Supervisor/ Dept. Chair** | **(Circle One) First MI Last**  DR - MR - MRS MISS - MS | | |
| **School** |  | | |
| **Address** | **Street** | | |
| **City State Zip** | | |
| **Phone** |  | **Email Address** |  |

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| **District Information** | | | |
| **Superintendent** | **(Circle One) First MI Last**  DR - MR - MRS MISS - MS | | |
| **School District** |  | | |
| **Address** | **Street** | | |
| **City State Zip** | | |
| **District Phone** |  | **Email Address** |  |

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**Regional Teacher of the Year**



**Nomination Form**

**Section 2 – Certification Information**

The person named in this application has been selected as our Regional Teacher of the Year and is a member in good standing of our regional association and NYSTEEA for the current school year.

***All information submitted is subject to verification by NYSTEEA.***

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| **1. Person Making Nomination** | | | |
| **Name** | **(Circle One) First MI Last**  DR - MR - MRS MISS - MS | | |
| **School Address** | **School Name Street** | | |
| **City State Zip** | | |
| **Phone** |  | **Email Address** |  |

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| **2. Administrator or Supervisor Contacted** | | | | | |
| **Name** | **(Circle One) First MI Last Position**  DR - MR - MRS MISS - MS | | | | |
| **Date Call was Made** | |  | **Was Administrator or Supervisor supportive of nomination?** | | **Yes or No** |
| **Regional Association**  **Representative Making Call** | | **Name of Representative of Regional Association** | | **Position in Regional Association** | |

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| **3. School Visitation** | | | | |
| **Date of Visitation** |  | **Did the school visitation confirm the nomination?** | | **Yes or No** |
| **Regional Association**  **Representative Making Call** | **Name of Representative of Regional Association** | | **Position in Regional Association** | |

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| **4. District Vice President**  **Phone** | | | |
| **Name** | **(Circle One) First MI Last**  DR - MR - MRS MISS - MS | | |
| **Address** | **Street** | | |
| **City State Zip** | | |
| **Email Address** |  | **NYSTEEA Membership Verified** |  |
| **Signature** |  | **Date** |  |

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| **5. Regional Association President** | | | | | **NYSTEEA Membership**  **(All RTOY Nominees and their Regional Officers must be current NYSTEA members.)** | |
| **Name** | **(Circle One) First MI Last**  DR - MR - MRS MISS - MS | | | | **Name** | **Exp.**  **Date** |
| **Address** | **Street** | | | | **President** |  |
| **City State Zip** | | | | **Vide President** |  |
| **Phone** |  | **Email**  **Address** |  | | **Secretary** |  |
| **Signature** |  | | **Date** |  | **Treasurer** |  |

|  |  |  |  |  |  |  |  |
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| **For Committee Use Only - Do Not Write Below This Space** | | | | | | | |
| **Date Received** |  | **Biography**  **Received** |  | **Photograph** |  | **Notification**  **Letters Mailed** |  |

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| NYSTEEALogo | **Regional Teacher of the Year**  **Nomination Form**  **Section 3 – Biographical Information** | | | |
| **Regional Teacher of the Year** | |  | **Region Number** |  |
| **Regional Association** | |  | | |
| Enter a brief autobiographical sketch and a photo of yourself in the space provided below.  Feel Free to add additional pages if needed | | | | |

**Attach Photo Here**

After being reviewed by all appropriate officers, send this application to:

Joseph Fili – NYSTEEA Awards Chairperson

36 Titus Road Glen Cove, NY 11542

filij321@gmail.com



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