

2017-2018



Missouri Regional Teacher of the Year

# Nomination Form

## Eligibility Requirements

The nominee must be a certified, full-time, public or charter school educator. All Pre-K through 12 classroom teachers, career and technical educators, guidance counselors, and library media specialists (or holding a similar position) who are actively engaged in classroom teaching are eligible for this recognition.

### Timeline:

- Jan. 1, 2017 Nomination period opens
- April 17, 2017 Nomination period closes
- May 10, 2017 Teacher of the Year Application Clinic is held
- June 15, 2017 2017-2018 Missouri Regional Teacher of the Year Applications are due
- June 16-July 17, 2017 2017-2018 Missouri Regional Teacher(s) of the Year are selected
- July 31, 2017 Missouri State Teacher of the Year Application period closes Completed applications must be postmarked (regular mail) and also emailed (electronic copy) by 5:00 p.m.
- August 2017 Finalists and Missouri State Teacher of the Year selected.

**I would like to nominate:** (complete all fields)

Educator's Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

Name of School District or Charter School: \_\_\_\_\_

School Name: \_\_\_\_\_

School Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Major Subject Taught: \_\_\_\_\_ Grade Level: \_\_\_\_\_

In 300 words or less, explain why you believe the educator you are nominating should be the Regional Teacher of the Year, citing specific examples. Some things to consider are the teacher's methods for meeting student needs, desire for professional growth, community involvement, dedication to the teaching profession, and rapport with students, parents and staff,

**Nominator:** (complete all fields)

Your Full Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Indicate how you know the Nominee.

- I teach in the same building or district.
- I am a student or former student of the nominee.
- I am a parent/grandparent/custodial parent of a student in the nominee's classroom (present or past).
- I have worked with the nominee in community organizations or functions.
- I am the nominee's supervisor (principal, superintendent, assistant principal, assistant superintendent, etc.).
- I serve as a member of the district Board of Education.
- I am a neighbor or friend but do not work with the nominee.
- Other \_\_\_\_\_

Email completed nomination form to [linda.dooling@dese.mo.gov](mailto:linda.dooling@dese.mo.gov).



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