



DISTRICT TEACHER OF THE YEAR NOMINATION FORM

Teacher/Nominee:

First Middle Last

Teaching Position: _____

Nominees School: _____

Grade Level: _____ Years of Service: _____

Principal's Name: _____

1. How does the nominee demonstrate effective classroom management, including motivation, responsibility, preparation and control?

2. Describe the impact this teacher has made with students, parents, and the Community:

3. How does this teacher motivate and inspire you, students and others to strive for excellence?

4. Describe how the nominee's outstanding qualities (such as attitude, initiative and creativity) benefit students:

5. Identify the job-related strengths and skills this nominee brings to education and how those set him/her apart from his/her peers:

6. Why should this professional be the Teacher of the Year (100 words or less)?

Your Name: _____
Please Print

Your Address: _____

Your Phone Number: _____ Email: _____

Your Relationship to Nominee: (Check One)

_____ Fellow Teacher _____ Former Student _____ Current Student _____ Administrator
_____ Parent of Student _____ Colleague _____ Community Member/Leader
_____ Other (Please Specify)

Thank you for your interest and support in acknowledging and celebrating an outstanding CCSD2 teacher! Please contact Linda Butler at 307-326-5271 for further information.

RETURN FORM BY **MAY 1, 2019** TO: Teacher of the Year, CCSD2, PO Box 1530, 315 N. 1st Street, Saratoga, WY 82331

ATTENTION: LINDA BUTLER