



Hermitage School District  
*Teacher of the Year*  
**NOMINATION FORM**

NAME OF TEACHER NOMINEE:

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

Last

CURRENT TEACHING POSITION: \_\_\_\_\_

WHAT CATEGORY?

\_\_\_\_\_ PRE-K    \_\_\_\_\_ ELEMENTARY (K-6)    \_\_\_\_\_ SECONDARY (7-12)

NOMINATOR: \_\_\_\_\_

NOMINATOR'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOMINATOR'S PHONE # \_\_\_\_\_

NOMINATOR'S E-MAIL: \_\_\_\_\_

RELATIONSHIP TO NOMINEE: (CHECK ONE)

\_\_\_\_\_ Fellow teacher

\_\_\_\_\_ Former student

\_\_\_\_\_ Current student

\_\_\_\_\_ Administrator

\_\_\_\_\_ Parent of a student

\_\_\_\_\_ Other \_\_\_\_\_

**TO COMPLETE THE NOMINATION:** Send or deliver the *Nomination Form* and the completed *Contribution Form* in a sealed envelope to the Teacher of the Year Selection Committee. Nomination forms must be received in the Office of the Superintendent by May 9.



Hermitage School District  
Teacher of the Year  
**CONTRIBUTION FORM**

*(To be completed by the person nominating the teacher.)*

NOMINEE'S NAME: \_\_\_\_\_

1. Please describe, in enough detail to justify this nomination, why you feel this person deserves to be the Hermitage School District *Teacher of the Year*. This teacher has the opportunity to compete for the *Arkansas Teacher of the Year*. Use as much space as needed.