



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Teacher Awards Program
 Old Capitol Building
 PO BOX 47200
 Olympia, WA 98504-7200
 (360) 725-6117 TTY (360) 664-3631

2008 Washington State Teacher of the Year APPLICATION

Mr. Mrs. Ms. Dr.

NAME Last	First	Initial	SCHOOL NAME	SCHOOL DISTRICT
HOME ADDRESS			SCHOOL ADDRESS	
HOME TELEPHONE NUMBER ()	SOCIAL SECURITY NUMBER		TELEPHONE NUMBER ()	FAX NUMBER ()
HOME E-MAIL ADDRESS			SCHOOL E-MAIL ADDRESS	

Current Position: _____ Years in Education: _____

Does your position involve student contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	LEVEL: <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle/Junior High School <input type="checkbox"/> High School <input type="checkbox"/> District Office <input type="checkbox"/> Transportation <input type="checkbox"/> Special Education	DEGREE HELD: <input type="checkbox"/> High School Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Postdoctoral Work	RACE/ETHNICITY: (optional) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian
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AREA OF SPECIALIZATION

<input type="checkbox"/> Science <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> English <input type="checkbox"/> Social Studies <input type="checkbox"/> Art <input type="checkbox"/> Foreign Language	<input type="checkbox"/> Music <input type="checkbox"/> Health <input type="checkbox"/> Physical Education <input type="checkbox"/> Early Childhood <input type="checkbox"/> Technology <input type="checkbox"/> Elementary Classroom <input type="checkbox"/> ESL Teacher	<input type="checkbox"/> Special Populations <input type="checkbox"/> Gifted Education <input type="checkbox"/> Counselor <input type="checkbox"/> School Nurse <input type="checkbox"/> School Social Worker <input type="checkbox"/> Family Support Worker <input type="checkbox"/> Other
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STRENGTHS

<input type="checkbox"/> Cooperative Learning <input type="checkbox"/> Team Teaching <input type="checkbox"/> Multiaged Classroom <input type="checkbox"/> Curriculum Integration <input type="checkbox"/> School-to-Work Transition <input type="checkbox"/> Staff Development <input type="checkbox"/> Teacher Inservice <input type="checkbox"/> Conference Training	<input type="checkbox"/> Alternative Education <input type="checkbox"/> Blending Classroom <input type="checkbox"/> Special Education <input type="checkbox"/> Block Teaching <input type="checkbox"/> Alternative Assessment <input type="checkbox"/> Grant Writing <input type="checkbox"/> Multicultural Education <input type="checkbox"/> Business Partnership	<input type="checkbox"/> Conflict Resolution <input type="checkbox"/> Reform Process <input type="checkbox"/> Whole Language <input type="checkbox"/> Parent Participation <input type="checkbox"/> Board/Community Relations <input type="checkbox"/> Building-Based Management <input type="checkbox"/> Other _____
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PLEASE DUPLICATE THIS APPLICATION FORM AS NEEDED.

School District:

Please forward school district nominee application materials to local ESD for regional candidate selection with receipt no later than May 31, 2007.

Educational Service Districts:

Please forward regional candidate's application materials with receipt no later than August 24, 2007 to:
 Julie Hanson, Teacher Awards Program
 Office of Superintendent of Public Instruction
 PO Box 47200
 Olympia WA 98504-7200

CRITERIA SELECTION

To be completed by nominee—on a separate page(s) with one-inch margins and in a font no smaller than 11 point—submit your responses to the following questions. Responses must be typed. Appendices will be discarded if included with application packet.

1. Share your personal effectiveness at your job. Please include outstanding achievement in the development of innovative education curricula, programs, and/or teaching methods. **(Use no more than two pages.)**
2. In sharing your community involvement, show success in developing grassroots support for education, including active involvement and leadership in the community and effective use of community partnerships and resources in school. **(Use no more than two pages.)**
3. Reflect on what gives you the most satisfaction in your job. **(Use one page.)**
4. Provide a history of participation in professional development activities. Show your ability to attract and encourage prospective teachers into the profession and to support and motivate committed professionals in the field of education. **(Use one page.)**
5. Describe how your teaching methods have changed to meet the state standards in education reform. **(Use no more than two pages.)**
6. Attach a brief résumé. Include the following detail: educational background, educational and professional experiences, leadership experience, professional organizations, and honors received. **(Use no more than two pages.)**

NOMINATOR

(Nominator should not write letter of recommendation.)

Why are you nominating this person? **(One page.)**

(We are looking for concrete examples of what the nominee has done for students and/or school, not general statements of virtues.)

RECOMMENDATIONS

Provide a total of three letters of recommendation answering the following from:

1. Immediate Supervisor
Describe the nominee's exceptional ability to instill students with self-confidence and sound values leading to their academic and personal fulfillment.
2. Colleague or Peer
State how the nominee has contributed to the education of students. Give evidence of nominee's commitment to education.
3. Student or Parent
Describe how the nominee has demonstrated a strong interest in your/your student's education.