Learning Disability Association of the Mohawk Valley, Inc.

OUTSTANDING TEACHER NOMINATION FORM

Nominee Information

Nominee's Name _____

School Name _____

Principal's Name _____

School Phone number _____

District _____

Nominator Information

Name _____

Affiliation _____

Email _____ **Phone Number** _____

Your current position: (circle one) **Teacher/Staff** **Administrator** **Parent** **Other**

Reason Nominee Deserves "Outstanding Teacher " Honor

Describe how the nominee demonstrates collaborative efforts within the educational system and the community creating life-long learning experiences. Nominees must have demonstrated a true talent for instilling the passion in students that is necessary to work toward a successful future. The recipient of this award must also be a person who works and communicates regularly with the students to encourage them in planning for their future, and who uses a variety of teaching strategies to provide equal education for all students. Please also describe how the nominee demonstrates a thorough knowledge of navigating systems to ensure student success through early intervention and planning. When nominating a candidate, please give specific examples of each of the above nominating criteria. (Please limit your nomination to 300 words or less).