

# Teacher Of the Year Presented by



**The purpose of this program is to provide annual recognition of outstanding professional educators in the Waterford School District by the Waterford community.**

**Nomination forms are available on the Waterford Foundation website  
[www.waterford.k12.mi.us/wfpe](http://www.waterford.k12.mi.us/wfpe)**

The Teacher of the Year Program alternates yearly between Elementary (PK-5) and Secondary (6-12).

**2020 Teacher of the Year – Secondary (6 -12)**

**2021 Teacher of the Year – Elementary (PK -5)**

Completed packets are **due to the building principal** no later than **Thursday, February 6.**

Completed packets are due to Megan Roberts in the Kurzman Administrative Office no later than **Thursday, February 13.**

The Teacher of the Year will be announced on **Thursday, April 16.**

The **Excellence in Education banquet** to honor **all nominees** will be held in **May.**

# Nomination Form COVER PAGE

Full Name of Nominee	Nominee's School
School Address	School Phone Number

Category: \_\_\_\_\_ Elementary      \_\_\_\_\_ Secondary      \_\_\_\_\_ Grade level

Subjects taught: \_\_\_\_\_

Full Name of Nominator	<b>Relationship to Nominee:</b> _____ Colleague _____ Parent of student _____ Current student _____ Former student _____ Administrator (list title) _____ Other (list title)
Mailing Address	
Phone Number	

**NOTE:** Supporting statements may not be family members of the nominator. **Must include mailing address and phone number to be invited to banquet in May.**

Supporting Person #1	Supporting Person #2
Name: _____	Name: _____
Relationship to Nominee: _____	Relationship to Nominee: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Do not fill out - For Administrative Purposes Only

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Observation Time: \_\_\_\_\_

Interview Time: \_\_\_\_\_

Size of Fleece: \_\_\_\_\_

# Nominee Brief Biography

*(Page to be completed by nominated teacher)*

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

Cell \_\_\_\_\_ Email: \_\_\_\_\_

## Brief Summary of Teaching Career

Position	School (s)	Grade	Subject (s)	Dates

## Highlights of and/or honors received during educational career

# NOMINATION FORM

Nominator's Name \_\_\_\_\_ Relationship to Nominee \_\_\_\_\_

Nominee \_\_\_\_\_

1. How does your nominee exemplify the characteristics of an outstanding teacher listed below?

- One who is committed to providing a quality education for all students
- One who is able to inspire, educate, and empower students to meet the needs of an ever- changing world

*(Be as specific as possible with examples. Please limit your response to this page.)*

## SUPPORTING STATEMENT ONE

*(To be completed by a supporting parent, student, colleague, or administrator.)*

Supporter's Name \_\_\_\_\_ Relationship to Nominee \_\_\_\_\_

Nominee \_\_\_\_\_

1. How does the nominee exemplify the characteristics of an outstanding teacher listed below?

- One who is committed to providing a quality education for all students
- One who is able to inspire, educate, and empower students to meet the needs of an ever- changing world

*(Be as specific as possible with examples. Please limit your response to this page.)*

## SUPPORTING STATEMENT TWO

*(To be completed by a supporting parent, student, colleague, or administrator.)*

Supporter's Name \_\_\_\_\_ Relationship to Nominee \_\_\_\_\_

Nominee \_\_\_\_\_

1. How does the nominee exemplify the characteristics of an outstanding teacher listed below?

- One who is committed to providing a quality education for all students
- One who is able to inspire, educate, and empower students to meet the needs of an ever- changing world

*(Be as specific as possible with examples. Please limit your response to this page.)*

**Fulfilling the Waterford School District Vision**  
*Inspire, educate, and empower our students for their future!*

*(Page to be completed by nominee)*

**Nominee's Name** \_\_\_\_\_

How do you help achieve the district vision? *(Please limit your response to this page and include specific examples.)*

## Nominee Contact Information

After the nomination packet is turned in, a member of the Teacher of the Year Committee will contact you to set up a 25-30 minute time frame for the committee to come and observe you teaching in your classroom.

Name: \_\_\_\_\_ Cell \_\_\_\_\_

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

School Address and Phone Number: \_\_\_\_\_

Spouse/Significant Other: \_\_\_\_\_ Cell: \_\_\_\_\_

(The Teacher of the Year winner is announced as a surprise and we like to have the winner's family present if possible.)

**Daily schedule:** In addition to your teaching schedule, please include times you are not teaching (lunch, planning period, recess, etc.) to help the committee plan their visitation schedule.

Hour	Time block	Room #	Subject