## 2010 DISTRICT OF COLUMBIA TEACHER OF THE YEAR APPLICATION

## !!! PLEASE NOTE !!!

Instructions for completing the 2010 National Teacher of the Year Application form:

- Please provide all information requested in the application form.
- Signatures of the candidate, the candidate's principal, the candidate's district superintendent (chief school administrator) must be provided. Leave the section for the State Teacher of the Year Coordinator blank.
- Please limit your answers to the number of pages requested in each section *type size no smaller than 10 point*. In order to provide all applicants with an equal opportunity <u>only the number of pages requested will be accepted</u>. Any additional pages and/or materials submitted will NOT be presented to the State Selection Committee.
- Each application must include **one photograph** suitable for publicity purposes (5" X 7" color, head shot preferred).
- Section I (pages 2-3) must be submitted on the form provided. Sections II-VIII may be produced using your word processing system but please adhere to the format established in the application. <u>Number the</u> <u>sections and the pages.</u> However it is accomplished, what should result is a clean, clear copy suitable for easy black and white copying and placement in a three-ring binder with the other state applications.
- The application package must *arrive* at the following address NO LATER THAN the close of business on <u>Wednesday</u>, <u>September 30, 2009</u>. Submissions may be faxed or emailed by the deadline, with a hardcopy to follow no later than October 2, 2009.

Office of the State Superintendent of Education Division of Education Excellence Office of Educator Licensure and Quality 51 N Street NE, 3<sup>rd</sup> Floor Washington, DC 20002 Attn: Erika Lomax

Phone: 202.741.0257 Fax: 202.724.7656 erika.lomax@dc.gov

Do not hesitate to contact Ms. Lomax at the email or phone number above should you have questions concerning the application process.

# 2010 DISTRICT OF COLUMBIA TEACHER OF THE YEAR APPLICATION FORM

## I. General Information/Signatures

Nominee Name					
Home Address					
				( )	
City		State	Zip Code	Telephone	
Social Security #	-		Date of Birth_	1	1
Electronic Mail Address(es)					
School Name					
School Address					
				( )	
City School Profile (check one):	~ Urban		Zip Code ~ Suburban		_
Number of Students in Nominee's:	District		Buildi	ng	_
Major Subject Area (if any)			Gra	de Level	
Total Years of Teaching Experience	9		Years in Pre	esent Position	

I hereby give my permission that any or all of the attached materials (other than home address, telephone, SS# and DOB) may be shared with persons interested in promoting the National Teacher of the Year Program. I also acknowledge that if selected as the 2010 National Teacher of the Year, I will be released from classroom responsibilities during the year of my recognition in order to fulfill the obligations inherent in the honor.

Signature of Candidate	Date	

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### (Section I. continued - General Information/Signatures)

	Title
School Name	
	( )
City I acknowledge that the nominee sub	State Zip Code Telephone mits this application with my approval. If the nominee is er of the Year, he or she will be released from classroom
Signature of School Principal	Date
SCHOOL DISTRICT SUPERINTENDE	ENT
Name	Title
District Name/Address	
	( )
City I acknowledge that the nominee sub	() State Zip Code Telephone omits this application with my approval. If the nominee is er of the Year he or she will be released from classroom ecognition.
City I acknowledge that the nominee sub selected as the 2010 National Teach responsibilities during the year of re	State Zip Code Telephone mits this application with my approval. If the nominee is er of the Year he or she will be released from classroom
City I acknowledge that the nominee sub selected as the 2010 National Teach responsibilities during the year of re	State Zip Code Telephone omits this application with my approval. If the nominee is er of the Year he or she will be released from classroom ecognition.
City I acknowledge that the nominee sub selected as the 2010 National Teach responsibilities during the year of re	State Zip Code Telephone omits this application with my approval. If the nominee is er of the Year he or she will be released from classroom ecognition.
City I acknowledge that the nominee sub selected as the 2010 National Teach responsibilities during the year of re Signature of District Superintendent	State Zip Code Telephone omits this application with my approval. If the nominee is er of the Year he or she will be released from classroom ecognition.
City I acknowledge that the nominee sub selected as the 2010 National Teach responsibilities during the year of re Signature of District Superintendent STATE TEACHER OF THE YEAR PR	State Zip Code Telephone omits this application with my approval. If the nominee is er of the Year he or she will be released from classroom ecognition. Date OGRAM COORDINATOR
City I acknowledge that the nominee sub selected as the 2010 National Teach responsibilities during the year of re Signature of District Superintendent STATE TEACHER OF THE YEAR PR Name	State Zip Code Telephone omits this application with my approval. If the nominee is er of the Year he or she will be released from classroom ecognition. Date OGRAM COORDINATOR Title
City I acknowledge that the nominee sub selected as the 2010 National Teach responsibilities during the year of re Signature of District Superintendent STATE TEACHER OF THE YEAR PR Name Agency	State       Zip Code       Telephone         pmits this application with my approval.       If the nominee is         er of the Year he or she will be released from classroom         ecognition.
City I acknowledge that the nominee sub selected as the 2010 National Teach responsibilities during the year of re Signature of District Superintendent STATE TEACHER OF THE YEAR PR Name Agency	State Zip Code Telephone omits this application with my approval. If the nominee is er of the Year he or she will be released from classroom ecognition. Date OGRAM COORDINATOR Title

### Educational History and Professional Development Activities - (two П.

double-spaced pages)

- A. Beginning with most recent, list colleges and universities attended including postgraduate studies. Indicate degrees earned and dates of attendance.
- B. Beginning with most recent, list teaching employment history indicating time period, grade level and subject area.
- C. Beginning with most recent, list professional association memberships including information regarding offices held and other relevant activities.
- D. Beginning with most recent, list staff development leadership activity and leadership activity in the training of future teachers.
- E. Beginning with the most recent, list awards and other recognition of your teaching.

#### III. Professional Biography - (two double-spaced pages)

A. What were the factors that influenced you to become a teacher? Describe what you consider to be your greatest contributions and accomplishments in education.

#### IV. **Community Involvement** - (one double-spaced page)

A. Describe your commitment to your community through service-oriented activities such as volunteer work, civic responsibilities and other group activities.

#### V. Philosophy of Teaching - (two double-spaced pages)

- A. Describe your personal feelings and beliefs about teaching, including your own ideas of what makes you an outstanding teacher. Describe the rewards you find in teaching.
- B. How are your beliefs about teaching demonstrated in your personal teaching style?

#### VI. Education Issues and Trends - (two double-spaced pages)

A. What do you consider to be the major public education issues today? Address one in depth, outlining possible causes, effects and resolutions.

#### VII. The Teaching Profession - (two double-spaced pages)

- A. What do you do to strengthen and improve the teaching profession?
- B. What is and/or what should be the basis for accountability in the teaching profession?

### VIII. National Teacher of the Year - (one double-spaced page)

A. As the 2010 National Teacher of the Year, you would serve as a spokesperson and representative for the entire teaching profession. What would be your message? What would you communicate to your profession and to the general public?

### IX. Letters of Support - (limit of three letters, each a MAXIMUM of ONE PAGE)

Include **three** letters of support from any of the following: superintendent, principal, administrator, colleague, student/former student, parent, or civic leader.

### X. Publicity Photograph

Include with the application package one photograph suitable for publicity purposes. A five inch by seven inch head shot in color is preferred.