



# Regional Teacher of the Year Nomination Form Section 1 - Professional Information

Complete all sections of this form. This information will be used to notify your school district officials of your selection as a Regional Teacher of the Year. Make sure that all information is accurate and legible.  
**If you fill out this form electronically, print it as soon as it is complete. You will not be able to save it.**

Individual Information			
<b>Region Number</b>		<b>Regional Association</b>	
<b>Name</b>	(Circle One) DR - MR - MRS MISS - MS	First	MI Last
<b>Home Address</b>	Street		
	City	State	Zip
<b>Home Phone</b>		<b>Home Email Address</b>	
<b>Teaching Position</b>			<b>Years Teaching</b>
<b>Grade(s) Taught</b>		<b>School Email Address</b>	
<b>Courses Taught</b>			

Building Information			
<b>Principal</b>	(Circle One) DR - MR - MRS MISS - MS	First	MI Last
<b>School</b>			
<b>Address</b>	Street		
	City	State	Zip
<b>Phone</b>		<b>Email Address</b>	
<b>Supervisor/ Dept. Chair</b>	(Circle One) DR - MR - MRS MISS - MS	First	MI Last
<b>School</b>			
<b>Address</b>	Street		
	City	State	Zip
<b>Phone</b>		<b>Email Address</b>	

District Information			
<b>Superintendent</b>	(Circle One) DR - MR - MRS MISS - MS	First	MI Last
<b>School District</b>			
<b>Address</b>	Street		
	City	State	Zip
<b>District Phone</b>		<b>Email Address</b>	



# Regional Teacher of the Year Nomination Form

## Section 2 – Certification Information

The person named in this application has been selected as our Regional Teacher of the Year and is a member in good standing of our regional association and NYSTEA for the current school year.

***All information submitted is subject to verification by NYSTEA.***

1. Person Making Nomination			
<b>Name</b>	(Circle One) First MI Last DR - MR - MRS MISS - MS		
<b>School Address</b>	School Name Street		
	City State Zip		
<b>Phone</b>		<b>Email Address</b>	

2. Administrator or Supervisor Contacted			
<b>Name</b>	(Circle One) First MI Last DR - MR - MRS MISS - MS		<b>Position</b>
<b>Date Call was Made</b>		<b>Was Administrator or Supervisor supportive of nomination?</b>	<b>Yes or No</b>
<b>Regional Association Representative Making Call</b>	Name of Representative of Regional Association	Position in Regional Association	

3. School Visitation			
<b>Date of Visitation</b>		<b>Did the school visitation confirm the nomination?</b>	<b>Yes or No</b>
<b>Regional Association Representative Making Call</b>	Name of Representative of Regional Association	Position in Regional Association	

4. District Vice President			
<b>Name</b>	(Circle One) First MI Last DR - MR - MRS MISS - MS		
<b>Address</b>	Street		
	City State Zip		
<b>Phone</b>		<b>Email Address</b>	
<b>Signature</b>		<b>Date</b>	

5. Regional Association President			NYSTEA Membership (All RTOY Nominees and their Regional Officers must be current NYSTEA members.)	
<b>Name</b>	(Circle One) First MI Last DR - MR - MRS MISS - MS		<b>Name</b>	<b>Exp. Date</b>
<b>Address</b>	Street			
	City State Zip			
<b>Phone</b>		<b>Email Address</b>	Secretary	
<b>Signature</b>		<b>Date</b>	Treasurer	

For Committee Use Only - Do Not Write Below This Space							
<b>Date Received</b>		<b>Biography Received</b>		<b>Photograph</b>		<b>Notification Letters Mailed</b>	



# Regional Teacher of the Year Nomination Form Section 3 – Biographical Information

Regional Teacher of the Year

Region Number

Regional Association

Enter a brief autobiographical sketch and a photo of yourself in the space provided below.

**Attach Photo Here**