



2008-2009 ARKANSAS TEACHER OF THE YEAR APPLICATION FORM

Co-op Name: _____

I. General Information/Signatures (*This form must be typed.*)

Nominee Name _____

Home Address _____

_____ ()
City State Zip Code Telephone

Social Security # _____ - - Date of Birth _____ / _____ / _____

Electronic Mail Address(es) _____

School Name _____

School Address _____

_____ ()
City State Zip Code Telephone
School Profile (check one): Urban Suburban Rural

Number of Students in Nominee's: District _____ Building _____

Major Subject Area (if any) _____ Grade Level _____

Total Years of Teaching Experience _____ Years in Present 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 Arkansas Teacher of the Year Program. I also acknowledge that if selected as the 2009 Arkansas 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 _____

(Section I. continued - General Information/Signatures)

SCHOOL / BUILDING PRINCIPAL

Name _____ Title _____

School Name _____

School Address _____

_____ () _____

City

State

Zip Code

Telephone

I acknowledge that the nominee submits this application with my approval. If the nominee is selected as the 2009 Arkansas Teacher of the Year, he or she will be released from classroom responsibilities during the year of recognition.

Signature of School Principal: _____ Date _____

SCHOOL DISTRICT SUPERINTENDENT

Name _____ Title _____

District Name/Address _____

_____ () _____

City

State

Zip Code

Telephone

I acknowledge that the nominee submits this application with my approval. If the nominee is selected as the 2009 Arkansas Teacher of the Year he or she will be released from classroom responsibilities during the year of recognition.

Signature of District Superintendent: _____ Date _____

DISTRICT TEACHER OF THE YEAR PROGRAM COORDINATOR

Name _____ Title _____

School _____

Address _____

_____ () _____

City

State

Zip Code

Telephone

Signature of District Coordinator: _____ Date _____

Instructions for Completing Items II-VI: 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 only the number of pages requested will be accepted.

II. Educational History and Professional Development Activities—(List information in bulleted form. Double-space each line. Do not exceed two double-spaced pages)

(Section II. continued - Educational History and Professional Development Activities)

III. Philosophy of Teaching - (two double-spaced pages)

(Section III. continued – Philosophy of Teaching)

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

(Section IV. continued - Education Issues and Trends)

V. Cite evidence of student achievement gains as a result of your classroom instructional practices— (two double-spaced pages)

(Section V. continued - Cite evidence of student achievement gains...)

VI. 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.

Letters should be **addressed to**, but **not sent to**:

**Arkansas Department of Education
Attn: T. Kenneth James, Ed.D., Commissioner of Education
#4 Capitol Mall, Room 404-A
Little Rock, AR 72201**

(These letters of support should be included with your application as item VI).

The complete application packet should be mailed to:

**Arkansas Department of Education
Arkansas Teacher of the Year Program
#4 Capitol Mall, Room 402-B
Little Rock, AR 72201
(501) 682-5169
Fax: (501) 682-5756
E-mail: Gloria.Stephens@arkansas.gov**