

Governor's Teacher Recognition Program/
Educational Services Professionals Program

2009 DISTRICT HONOREE SELECTION FORM

INSTRUCTIONS: HONOREE SELECTION FORMS MUST BE TYPED AND COMPLETE. PLEASE SUBMIT ONE FORM FOR EACH HONORED EDUCATOR TO YOUR COUNTY OFFICE BY THE SPECIFIED DEADLINE. DUPLICATE AS NEEDED.

PART I - HONOREE INFORMATION

EDUCATOR'S NAME (as it should appear on the certificate)

Dr. Mr.

Ms. Mrs.

EDUCATOR'S HOME ADDRESS (Street, City, State, Zip Code)

EDUCATOR'S EMAIL ADDRESS

EDUCATOR'S HOME PHONE NUMBER (Include Area Code)

PART II - SCHOOL INFORMATION

COUNTY CODE

DISTRICT CODE

NAME OF SCHOOL DISTRICT

NAME OF SCHOOL

SCHOOL ADDRESS (Street, City, State, Zip Code)

PRINCIPAL'S NAME

Dr. Mr.

Ms. Mrs.

CONTACT PERSON'S NAME AND TITLE:

CONTACT PERSON'S EMAIL ADDRESS

CONTACT PERSON'S PHONE NUMBER (Include Area Code)

PART III - PRESENT POSITION

SUBJECT(S)/GRADE LEVEL(S) TAUGHT/POSITION

NUMBER OF YEARS IN DISTRICT

NUMBER OF TOTAL YEARS IN EDUCATION

PART IV - SIGNATURES

The signatures below certify that the above named educator has been selected as one of the district honorees for the 2009 Governor's Teacher Recognition Program/Educational Services Professional Program. In addition, I affirm that all the information provided is true and accurate and that all procedures have been followed.

Board of Education President

Signature

Date

Chief School Administrator

Signature

Date

Bargaining Unit President (if applicable)

Signature

Date