

Governor's Teacher Recognition Program/  
Educational Services Professionals Program

**2009 SELECTION PANEL FORM**

**INSTRUCTIONS:** SELECTION PANEL FORMS MUST BE TYPED AND COMPLETE. PLEASE SUBMIT ONE FORM TO YOUR COUNTY OFFICE BY THE SPECIFIED DEADLINE.

The district's 2009 Teacher/Educational Services Professionals Recognition Selection Panel was composed of the following members:

NAME OF DISTRICT -		
PANEL MEMBER'S NAME	TITLE	GROUP REPRESENTED <i>(Each group must be represented)</i>
		Administrator
		Teacher
		Parent/Guardian

I hereby certify that the district teacher/educational services professional selection process for the Governor's Teacher Recognition Program/Educational Services Professionals Program in the \_\_\_\_\_ School District has adhered to the procedures established by the New Jersey Department of Education. All teachers/educational services professionals nominated by the district were selected by the district's selection panel. Each teacher/educational services professional selected has distinguished himself/herself through exceptional contributions to their students. Further, each teacher/educational services professional selected has received exemplary local district evaluation reports and has acceptable personnel records devoid of recent sanctions or deficiencies.

\_\_\_\_\_  
Board of Education President *(please print)*      Signature      Date

\_\_\_\_\_  
Chief School Administrator *(please print)*      Signature      Date

\_\_\_\_\_  
Bargaining Unit President *(if applicable)*      Signature      Date