**New Jersey**

**DEPARTMENT OF EDUCATION**

* 1. **GOVERNOR’S EDUCATOR OF THE YEAR PROGRAM**

**APPENDIX A: NOMINATION FORM**

Do you know a **classroom teacher** **or educational services professional** who is dedicated, inspiring, and making a difference? If so, please take the time to recommend this person by completing this nomination form and returning it to the building principal by the specified deadline. Administrators, staff members, parents and community members are encouraged to participate.

**Please return this form to the building principal by INSERT DEADLINE HERE (***leave enough time for the selection process & to register the recipients by January 8, 2016)*

Each candidate will be scored based on the criteria below:

* Have a superior ability to inspire students of all backgrounds and abilities to learn;
* Be an exceptionally skilled and dedicated educator in a public or charter school;
* Anticipate actively continuing in his/her teaching status for at least five more years;
* Have the respect and admiration of students, parents, and colleagues; and
* Demonstrate a strong ability to foster excellence in education as evidenced by ongoing contributions to the improvement of student learning and the learning environment.

|  |  |
| --- | --- |
| **NOMINEE INFORMATION** | |
| **NAME** |  |
| **SCHOOL** |  |
| **SCHOOL DISTRICT** |  |
| **CURRENT POSITION** |  |
| **NOMINATOR INFORMATION** | |
| **NAME** |  |
| **EMAIL ADDRESS** |  |
| **RELATIONSHIP TO NOMINEE** |  |
| **NOMINATION** | |
| *Please explain why you feel the educator deserves recognition, citing specific examples. Some things to consider: the educator’s methods for meeting student needs, desire for professional growth, community involvement, dedication to the education profession, and rapport with students, parents and staff.* ***The more compelling the response, the better. Therefore, please use as much space as needed below as the form will expand when you type on it. If you would like, you could attach your response separately to this form.*** | |

**New Jersey**

** DEPARTMENT OF EDUCATION**

* 1. **GOVERNOR’S EDUCATOR OF THE YEAR PROGRAM**

**APPENDIX B: NOMINATION FORM SCORING GUIDE**

Please have each member of the scoring committee use this form to score each nomination form using a 1-10 scale for each criterion. Compile all the results into a spreadsheet computing the total scores or average score. The candidate(s) with the highest score is/are the Governor’s Teacher of the Year and the Governor’s Educational Services Professional of the Year.

|  |  |  |  |
| --- | --- | --- | --- |
| **SCORING INFORMATION** | | | |
| **NAME OF CANDIDATE** |  | **PANELIST NAME** |  |
| **SCHOOL** |  | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Average**  **1-4 points** | **Above Average**  **5-7 points** | **Outstanding**  **8-10 points** | |
| ***The nomination minimally addresses the selection criteria with little to no evidence.*** | ***The nomination addresses the selection criteria, and shows at least two examples of evidence.*** | ***The nomination fully addresses the nomination criteria and provides specific and varied examples.*** | |
|  | | | |
| **Criteria** | | | **Points** |
| Does the educator have a superior ability to inspire students of all backgrounds and abilities to learn? | | |  |
| Is the educator an exceptionally skilled and dedicated educator? | | |  |
| Does the educator demonstrate a strong ability to foster excellence in education? | | |  |
| Does the educator play an active role in the community as well as in the school? | | |  |
| Does the educator continuously participate in professional development to enhance content knowledge and improve and expand teaching skills? | | |  |
| Does the educator have the respect and admiration of students, parents and colleagues? | | |  |
| **TOTAL SCORE (OUT OF 60 POINTS TOTAL)** | | |  |

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**New Jersey**

**DEPARTMENT OF EDUCATION**

**2015-16 GOVERNOR’S EDUCATOR OF THE YEAR PROGRAM**

**APPENDIX C: SCHOOL INFORMATION FORM**

1. This form must be **completed at the school level by the principal** and be accompanied by the completed Governor’s County Teacher of the Year application materials.
2. The school selection panel should consist of at least four (4) members who represent a cross section of administrators, board members, teachers, parents, and local education association representatives.
3. Nomination materials must be received by your District Superintendent **no later than 4 p.m. on January 29, 2016.**

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL INFORMATION** | | | |
| **SCHOOL** | |  | |
| **SCHOOL DISTRICT** | |  | |
| **# OF NOMINEES CONSIDERED FOR GOVERNOR’S TEACHER OF THE YEAR** | |  | |
| **# OF NOMINEES CONSIDERED FOR GOVERNOR’S EDUCATIONAL SERVICES PROFESSIONAL OF THE YEAR** | |  | |
| **PANEL INFORMATION** | | | |
| **NAME OF PANEL MEMBER** | **TITLE** | | **GROUP/ORGANIZATION** |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| **SIGNATURE** | | | |
| I hereby certify that the Governor’s Educator of the Year Program selection process has adhered to the procedures established by the New Jersey Department of Education. The Governor’s Teacher of the Year and Governor’s Educational Services Professional of the Year nominated by the school community were selected by the school’s selection panel and meets all the eligibility criteria.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Principal *(please print)* Signature Date | | | |



**New Jersey**

**DEPARTMENT OF EDUCATION**

**2015-16 GOVERNOR’S EDUCATOR OF THE YEAR PROGRAM**

**APPENDIX D: APPLICATION**

|  |  |
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| **APPLICATION CHECKLIST** | |
| **http://www.kcmo.org/idc/groups/citymanager/documents/citymanagersoffice/checkbox.png** | Provide all information requested in the application form. **Incomplete applications or those that do not adhere to the proper format will not be submitted into competition**. |
| **http://www.kcmo.org/idc/groups/citymanager/documents/citymanagersoffice/checkbox.png** | Do not include any additional supporting materials or attachments. |
| **http://www.kcmo.org/idc/groups/citymanager/documents/citymanagersoffice/checkbox.png** | Put all the **pages in consecutive order of the sections and staple together** in the upper left-hand corner. Do not put the application into any type of cover or binder. |
| **http://www.kcmo.org/idc/groups/citymanager/documents/citymanagersoffice/checkbox.png** | Ensure that **Section I – Application Form**:   * + Is TYPED and submitted on the form provided; and   + Includes signatures of the nominee, the nominee's principal, and the district superintendent (chief school administrator). ***Note: New for this year, all completed applications need to be sent to your district superintendent after the principal has signed it, as your superintendent’s office will be submitting all the county applications in one packet to the County Office of Education*** |
| **http://www.kcmo.org/idc/groups/citymanager/documents/citymanagersoffice/checkbox.png** | Ensure that **Sections II-VI:**   * Are typed in 12-point Times New Roman font, with at least half-inch margins, and double-spaced; * Adhere to the correct format:   + Include section number and title;   + Use a footer to include your name & county on the left and page number on the right; * Are limited to the number of pages requested in each section. Nominees are not required to fill each page limit; and   + Are checked for typographical, grammatical, and/or spelling errors. |
| **http://www.kcmo.org/idc/groups/citymanager/documents/citymanagersoffice/checkbox.png** | **Submit your completed application to your District Superintendent:**   * Obtain a completed *School Information Form* from your principal; and * Submit to your district superintendent by 4 p.m. on January 29, 2016:   + One (1) copy of the *School Information Form*; and   + One (1) ORIGNAL and five (5) copies of your completed *County Teacher of the Year Application* |
| **http://www.kcmo.org/idc/groups/citymanager/documents/citymanagersoffice/checkbox.png** | **District Superintendent submits one packet of application materials to the County Office of Education:**   * Check to make sure each application adheres to the proper format and is complete; * Sign each application; and * Submit to your County Office of Education by 4 p.m. on February 19, 2016:   + All copies of each School Information Form; and   + All eligible *County Teacher of the Year Applications* (1 original plus 5 copies). |
| *Electronic copies of all documents for the Governor's Educator of the Year Program can be found at:* [*http://www.state.nj.us/education/educators/rpr/recognition/educators/geoy/*](http://www.state.nj.us/education/educators/rpr/recognition/educators/geoy/) | |



**New Jersey**

**DEPARTMENT OF EDUCATION**

**2015-16 GOVERNOR’S EDUCATOR OF THE YEAR PROGRAM**

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| **Section I – County Teacher of the Year Application Form** | | | | | | | | | | |
| APPLICANT INFORMATION **Section I. Application Form continued** APPLICANT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
| GEOY  ID Code: | |  | *(Do not leave blank – your principal will supply you with the code)* | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  |  | | | |  | | | | | | |  | | | | | | | | | |
|  | Prefix | | | | | First | | | | | | | Last | | | | | | | | | | |
| Address: | |  |  | | | | | | | | | | | | | | | | | | | | |
|  | Street Address | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | |  | | | |  | | |
|  | City | | | | | | | | | | | | | | | | State | | | | Zip Code | | |
| Phone: | |  | (     ) | | | | Summer  E-mail Address: | | |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |
| SCHOOL INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
| County: | |  |  | | | | | | | | | | | | | | | | | | | | |
| District: | |  |  | | | | | | | | | | | | | | | | | | | | |
| School: | |  |  | | | | | | | | | | | | | | | | | | | | |
| Address: | |  |  | | | | | | | | | | | | | | | | | | | | |
|  | | Street Address | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | |  | | |  | | | | |
|  | | City | | | | | | | | | | | | | State | | | | | Zip Code | | | |
| Phone: | |  | (     ) | | | | | | | | Fax: | (     ) | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| CLASSROOM TEACHER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Years in Present Position: | | | | |  | | | Number of Total Years in Education:  *(not just at your school)* | | | | | | | | | |  | | | | |
| Current Teaching Position | | | | |  | | | Grade Level(s) Currently Teaching: | | | | | | | | | |  | | | | |
| 2014-15 Final Summative Rating /Teacher Practice Evaluation Score (*should be between 2.65-4.0*): | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| *I hereby give my permission that any or all of the attached materials may be shared with individuals selected to evaluate credentials for the Governor’s Educator of the Year Program on the county, state, and national levels. I understand that the information contained in this application may be used by the New Jersey Department of Education in the promotion of the Governor’s Educator of the Year Program. I also acknowledge that if chosen as the Governor’s State Teacher of the Year, I will accept a six-month sabbatical from my teaching position during my term.* | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | Date: | | |  | | | | | | | | | | |

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**New Jersey**

**DEPARTMENT OF EDUCATION**

**2015-16 GOVERNOR’S EDUCATOR OF THE YEAR PROGRAM**

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| **Section I – County Teacher of the Year Application Form (*continued*)** | | | | | | | |
| PRINCIPAL INFORMATION | | | | | | | |
| Full Name: |  |  |  | | | |  |
|  |  | Prefix | First | | | | Last |
| Phone: |  | (     ) | E-mail Address: |  | | | |
|  |  |  |  |  | | | |
| *I acknowledge that the nominee submits this application with my approval and that the information is true and accurate. If the nominee is selected as the New Jersey State Teacher of the Year and/or National Teacher of the Year, he or she will be released from school/district responsibilities during the sabbatical period(s). I further acknowledge that I will have to find a suitable long-term replacement for the nominee for the sabbatical period(s).* | | | | | | | |
| Signature: |  | | | | Date: |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | |  | |  | | | | | |
| SUPERINTENDENT INFORMATION | | | | | | | | | | | | |
| Full Name: |  |  |  | | | | | | |  | | |
|  |  | Prefix | First | | | | | | | Last | | |
| Address: |  |  | | | | | | | | | | |
|  |  | Street Address | | | | | | | | | | |
|  |  |  | | | | | | | | |  |  |
|  | City | | | | | | | | | | State | ZIP Code |
| Phone: |  | (     ) | | E-mail Address: | | | |  | | | | |
|  |  |  | |  | | | |  | | | | |
| *I acknowledge that the nominee submits this application with my approval and that it has been verified the application is eligible for competition on the county-level. If the nominee is selected as the New Jersey State Teacher of the Year and/or National Teacher of the Year, he or she will be released from school/district responsibilities during the sabbatical period(s). I further acknowledge that I will have to find a suitable long-term replacement for the nominee for the sabbatical period(s).* | | | | | | | | | | | | |
| Signature: |  | | | | | Date: | | |  | | | |



**New Jersey**

**DEPARTMENT OF EDUCATION**

**2015-16 GOVERNOR’S EDUCATOR OF THE YEAR PROGRAM**

**County Teacher of the Year Application Sections II – VI**

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| **SECTION II. RESUME *(2 double-spaced pages)*** |
| Beginning with most recent, list:   1. Colleges and universities attended including postgraduate studies. Indicate degrees earned, dates of attendance and specify if it was a traditional or alternate route teaching training program; 2. Teaching employment history indicating time period, grade level, and subject areas; 3. Professional association memberships including information regarding offices held and other relevant activities; 4. Staff development leadership activities and leadership activities; and 5. Awards and other recognition of your teaching. |

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| **SECTION III. PROFESSIONAL BIOGRAPHY (2 *double-spaced pages)*** |
| What were the factors that influenced you to become a teacher? Describe what you consider to be your greatest contributions and accomplishments in education. Please include any compelling information. |

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| **SECTION IV. EDUCATIONAL LEADERSHIP *(1 double-spaced page)*** |
| Describe your role(s) as a teacher leader in your school, district, county, and state. How have you worked with colleagues, parents, families, and the community to improve teaching and learning? |

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| **SECTION V. PHILOSOPHY OF TEACHING *(2 double-spaced pages)*** |
| 1. 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. 2. How are your beliefs about teaching demonstrated in your personal teaching style? |

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| **SECTION VI. STUDENT SUCCESS *(2 double-spaced pages)*** |
| Describe how your teaching practices demonstrate a strong ability to foster excellence in education through improved student learning. Cite evidence of student achievement gains as a result of your classroom practices. |



**New Jersey**

**DEPARTMENT OF EDUCATION**

**2015-16 GOVERNOR’S EDUCATOR OF THE YEAR PROGRAM**

**APPENDIX E: PROGRAM TIMELINES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| October 2015 | November 2015 | December 2015 | January 2016 | February 2016 | March 2016 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | S | M | T | W | T | F | S | |  |  |  |  | 1 | 2 | 3 | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 11 | 12 | 13 | 14 | 15 | 16 | 17 | | 18 | 19 | 20 | 21 | 22 | 23 | 24 | | 25 | 26 | **27** | 28 | 29 | 30 | 31 | |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | S | M | T | W | T | F | S | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | 22 | 23 | 24 | 25 | 26 | 27 | 28 | | 29 | 30 |  |  |  |  |  | |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | S | M | T | W | T | F | S | |  |  | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | 13 | 14 | 15 | 16 | 17 | 18 | 19 | | 20 | 21 | 22 | 23 | 24 | 25 | 26 | | 27 | 28 | 29 | 30 | 31 |  |  | |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | S | M | T | W | T | F | S | |  |  |  |  |  | 1 | 2 | | 3 | 4 | 5 | 6 | 7 | **8** | 9 | | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | 17 | 18 | 19 | 20 | 21 | 22 | 23 | | 24 | 25 | 26 | 27 | 28 | **29** | 30 | | 31 |  |  |  |  |  |  | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | S | M | T | W | T | F | S | |  | 1 | 2 | 3 | 4 | 5 | 6 | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | | 14 | 15 | 16 | 17 | 18 | **19** | 20 | | 21 | 22 | 23 | 24 | 25 | 26 | 27 | | 28 | 29 |  |  |  |  |  | |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | S | M | T | W | T | F | S | |  |  | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | 13 | 14 | 15 | 16 | 17 | 18 | 19 | | 20 | 21 | 22 | 23 | 24 | 25 | 26 | | 27 | 28 | 29 | 30 | 31 |  |  | |  |  |  |  |  |  |  | |
| April 2016 | May 2016 | June 2016 | July 2016 | August 2016 | September 2016 |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | S | M | T | W | T | F | S | |  |  |  |  |  | 1 | 2 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | 17 | 18 | 19 | 20 | 21 | 22 | 23 | | 24 | 25 | 26 | 27 | 28 | **29** | 30 | |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | S | M | T | W | T | F | S | | 1 | 2 | 3 | 4 | 5 | **6** | 7 | | 8 | **9** | 10 | 11 | 12 | 13 | 14 | | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | 22 | 23 | 24 | **25** | 26 | 27 | 28 | | 29 | 30 | 31 |  |  |  |  | |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | S | M | T | W | T | F | S | |  |  |  | 1 | 2 | **3** | 4 | | 5 | 6 | 7 | 8 | 9 | 10 | 11 | | 12 | 13 | 14 | 15 | 16 | 17 | 18 | | 19 | 20 | 21 | 22 | 23 | 24 | 25 | | 26 | 27 | 28 | 29 | 30 |  |  | |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | S | M | T | W | T | F | S | |  |  |  |  |  | 1 | 2 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | 17 | 18 | 19 | 20 | 21 | 22 | 23 | | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | 31 |  |  |  |  |  |  | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | S | M | T | W | T | F | S | |  | 1 | 2 | 3 | 4 | 5 | 6 | | 7 | 8 | **9** | 10 | 11 | 12 | 13 | | 14 | 15 | **16** | 17 | 18 | 19 | 20 | | 21 | 22 | 23 | 24 | **25** | 26 | 27 | | 28 | 29 | 30 | 31 |  |  |  | |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | S | M | T | W | T | F | S | |  |  |  |  | 1 | 2 | 3 | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 11 | 12 | 13 | 14 | 15 | 16 | 17 | | 18 | 19 | 20 | 21 | 22 | 23 | 24 | | 25 | 26 | 27 | 28 | 29 | 30 |  | |  |  |  |  |  |  |  | |

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| **SCHOOL-LEVEL DEADLINES FOR PRINCIPALS/SUPERINTENDENTS** | |
| Application materials broadcast to schools/districts | 10.27.2015 |
| Teacher of the Year & Educational Services Professional of the Year selection process | 10.20.2015-1.6.2016 |
| Principal completes the Governor’s Educator of the Year (GEOY) online form to register both school-level recipients *Note: If schools selected their 2015-16 recipients in spring 2015 and they fit all 2015-16 GEOY eligibility requirements, then please consider registering them by this deadline so that they can receive an official state certificate.* | 1.8.2016 |
| **NEW** - Teachers of the Year submit a County Teacher of the Year application and School Panel Information Form to District Superintendent | 1.29.2016 |
| **NEW** - District Superintendent sends one packet of County Teacher of the Year applications and School Information Forms to County Offices of Education | 2.19.2016 |
| **COUNTY-LEVEL DEADLINES FOR COUNTY OFFICES OF EDUCATION** | |
| County Teacher of the Year Selection Process | 2.22.2016-4.22.2016 |
| County Offices of Education ensure New Jersey Department of Education receives County Teacher of the Year applications & County Panel Information Forms | 4.29.2016 |
| County Offices of Education email all applicants of their County Teacher of the Year status | 5.6.2016 |
| **STATE-LEVEL DEADLINES FOR STATE COORDINATOR** | |
| New Jersey Department of Education emails County Teachers of the Year 15-minute video application instructions to compete for State Teacher of the Year | 5.9.2016 |
| Media Training for County Teachers of the Year provided by program sponsor NJEA | 5.25.2016 |
| County Teachers of the Year submit video link to New Jersey Department of Education | 6.3.2016 |
| New Jersey Department of Education emails all applicants of their finalists status | 8.9.2016 |
| Orientation Awards Ceremony for honored educators | 8.16.2016 |
| State Teacher of the Year Finalists interviewed by statewide selection committee | 8.25.2015 |