

# Excellence in Teaching Award Nomination Form



Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you:  Parent  Student  Peer Teacher  Administrator  Other

Name of teacher nominated: \_\_\_\_\_

School and Grade and/or subject taught: \_\_\_\_\_

**He/she must have been teaching at LEAST 3 full years.**

What makes this teacher outstanding? Give an example if you can. You might include things like: excellence in classroom instruction, excellence in interaction with students, excellence in interaction with parents.

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If there is a particular event or experience that stands out which makes this teacher notable, describe it here:

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If you need more space, please use the back. You may write a letter or an email and not use this form.

This form is due no later than June 15 to:

Moppy Brumby  
Tift County Foundation for Educational Excellence  
P. O. Box 714  
Tifton, GA 31793  
[moppy@friendlycity.net](mailto:moppy@friendlycity.net)