

TEACHER OF THE MONTH NOMINATION FORM

DATE: _____

NAME OF TEACHER: _____

GRADE/SUBJECT TAUGHT: _____

NOMINATED BY: _____

CHECK ONE: STUDENT COLLEAGUE PARENT ADMINISTRATOR OTHER

MAY WE USE YOUR NAME IF THIS NOMINATION IS CHOSEN? YES NO

Answer the following TWO questions about the teacher that you have nominated. Your answers will be used in the selection of the Teacher of the Month. Use an additional sheet if necessary.

1. Why does this teacher deserve to be recognized? How does this teacher make a difference in his/her student's lives?

2. Do you have a personal story that demonstrates this teacher's character and commitment?

Note that all submissions become property of The Manchester Mirror and will not be returned. Your submission, if chosen, will be posted online for public viewing. All submissions must be sent to themanchestermirror@gmail.com.