

Santa Clara



\_\_\_\_\_  
*Teacher's name - as it should appear in the program*

\_\_\_\_\_ for the Teacher Recognition Celebration 2017.

\_\_\_\_\_  
*School district*

For videotaping and photography, teacher will be contacted/congratulated shortly after April 17;  
if this telephone does not work for your district, please indicate alternate contact date before May 24:

School name: \_\_\_\_\_

Address: \_\_\_\_\_

School phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Contact person, title: \_\_\_\_\_

Teacher's grade and/or subject: \_\_\_\_\_

Number of years in the classroom: \_\_\_\_\_

**Please check here to indicate interest in being considered as a nominee to the California State Teacher of the Year Program (must have a minimum of 8 years in the classroom):**

**The Santa Clara County Office of Education will be submitting nominees to the California State Teacher of the Year Program. Please indicate your interest in having your district teacher of the year considered by the SCOPE. Eligibility is contingent upon the following:**

Candidate is a fully credentialed teacher in public or private schools who teach any of pre-kindergarten through grade twelve; a teacher of adults who provides instruction in the same elements as secondary grades; OR an instructor who has some administrative responsibilities but for whom teaching students is

Candidate is available to fulfill ambassadorial duties during the year of service

Candidate has been in the classroom for more than eight years

Teachers that are chosen to compete at the state level will be responsible for compiling a more comprehensive application to the CDE, which includes a fill-in application form, background experience and professional development activities, a letter of introduction from the applicant to the evaluation committee, seven separate essay questions and three letters of support.

Santa Clara



Statement on reasons for select on:

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**HOME** address and phone contact informat on: (very important for summer contact and publicity)

Address: \_\_\_\_\_ City, ZIP: \_\_\_\_\_

Home/cell phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Summer/alternate email address: \_\_\_\_\_

Check if the nominated teacher is ret ring at the end of the school year:

**Only ONE teacher can be honored from each district.**

Please send a \$125 part cipat on fee (check or P.O.) to:

