

Nomination Form 2012-13
Dorchester County Teacher of the Year & First Class Teacher of the Year

CANDIDATE'S INFORMATION			
Name:	Last	First	Middle
Employing School	Grade(s)	Certification Area(s)	Major Subject Area (if applicable)
Total Years of Teaching Experience		Years in Current Position	
Overall() Dorchester County ()			
Home Address	City	State	Zip
I have been contacted by the nominator. I agree to accept the nomination for Dorchester County's Teacher of the year and will participate in all required events.			
Signature of Candidate: _____			

NOMINATOR'S INFORMATION			
Name:	Last	First	Middle
Home Address	City	State	Zip
Daytime Phone Number		Email Address	
#1 ()	Cell ()		
Relationship to Candidate:			
_____ Parent of Student	_____ Community Leader		
_____ DCPS Student	_____ Fellow Teacher		
_____ Supervisor/Principal	_____ Self		
_____ Other: (please describe relationship to candidate)_____			

ENDORSEMENTS	
I endorse this nomination and attest that the candidate is a worthy and outstanding representative of excellence among professionals in education.	
Nominator's Signature (not required in case of self-nomination)	Date
* Principal's Signature	Date