



Shasta County Office of Education

2025 Teacher of the Year Nomination Form

Please use this form to submit your teacher nomination. A criteria explanation letter is required (one-page maximum) by the nominator. In addition, please submit two letters of support, to be one page in length. Please submit Nominations to the Shasta County Office of Education, Instructional Services Department, no later than **Friday, April 26, 2024**.

Criteria

A nominee for Teacher of the Year must be an active teacher in public or private school who demonstrates exemplary performance in the following standards. Attach **one page maximum** explaining how your nominee meets these criteria, providing specific examples, along with two letters of support.

- Have completed eight years of teaching at the time of the application submitted at the local level.
- Have demonstrated leadership and innovation in and outside of the classroom walls that embodies lifelong learning.
- Have expressed themselves in an engaging and articulate way.
- Be available to fulfill ambassadorial duties during the years of service and be supported by their employer.

Desired Characteristics for Nomination Letter and Letters of Support:

- Puts the reader of the form and letters in the classroom and leaves the reader easily able to visualize the classroom setting and the teacher as the instructional leader.
- Conveys depth of content knowledge and how to deliver it creatively and in the differentiated fashion to engage students and influence student learning as reflected in their measurable achievements.
- Reflects the teacher's personal journey and shows the teacher's influence beyond the classroom and into their school community.
- Maintains a student-centered perspective as the applicant weaves in numerous examples of student engagement.
- Inspires through commitment as a lifelong learner who models dedication to continued learning.
- Focuses on building relationships that transform and empower students, parent, and community.
- Reflects the teacher's dedication to the belief that all children can achieve.

Nominee

Name of Nominee _____ Grade _____ Subject _____
School _____ District _____
School Address _____ City _____ Zip _____
School Phone _____ Home Phone _____
Cell Phone _____ Email _____
Home Address _____ City _____ Zip _____

Nominee Signature

Date

Nominated By

Name _____ Title _____
Contact Phone _____ Cell Phone _____
Signature _____ Email Address _____

Professional Growth

Please select no more than four major activities in each category, keeping your responses to this page.

A. Nominee’s Educational Experience:

Position Held	School / Districts	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

B. Memberships/Offices Held In Professional Organizations/Dates:

1. _____
2. _____
3. _____
4. _____

C. Awards/Recognitions/Publications/Articles/Presentations/Dates:

1. _____
2. _____
3. _____
4. _____

D. School or Community Leadership Involvement:

1. _____
2. _____
3. _____
4. _____

E. Other:

1. _____
2. _____