

## VtAHPERD Award Nomination Form

### HEALTH EDUCATION TEACHER OF THE YEAR

|                | <u>Nominator Information</u> | <u>Nominee Information</u> |
|----------------|------------------------------|----------------------------|
| Name:          | _____                        | _____                      |
| School Name:   | _____                        | _____                      |
| District Name: | _____                        | _____                      |
| Address:       | _____                        | _____                      |
|                | _____                        | _____                      |
| Phone:         | _____                        | _____                      |
| Email:         | _____                        | _____                      |

Award Description: A teaching award that recognizes outstanding teaching at the elementary or secondary levels in health education. The candidate does not need to have a current membership in VtAHPERD, but does need to be a certified Health teacher, have a minimum of five years of teaching experience in Health education, and have the majority of their teaching responsibility in Health.

Using each of the criteria below, please indicate why and or how this person should be a candidate for Teacher of the Year at the level they teach:

Conducts a balanced and sequential curriculum that reflects an understanding of child growth and development: \_\_\_\_\_

\_\_\_\_\_

Utilizes a variety of teaching techniques to meet the needs of all students: \_\_\_\_\_

\_\_\_\_\_

Serves as a positive health role model epitomizing and shows sensitivity to the needs of all students: \_\_\_\_\_

\_\_\_\_\_

Evidence of meritorious professional activity in a least three of the following: innovative teaching, publications, presentations, funded research or programs, special projects, or other health related activities: \_\_\_\_\_

\_\_\_\_\_

Serves on state/district/national curriculum committees and/or presents at workshops or programs at these levels: \_\_\_\_\_

\_\_\_\_\_

What other characteristics or skills does this person bring to their school or community?

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*PLEASE PLACE THIS FORM IN THE BOX AT THE AWARDS TABLE, REGISTRATION TABLE, OR LUNCH EXIT\*\*\***  
Forms are also electronically available on the VtAHPERD website with return instructions provided.