

**NOTE: This is the 2001 nomination form (the most recent available).
In addition to the deadlines, there may be other minor changes in the 2002 application.**

TO: ADMINISTRATORS AND STAFF MEMBERS OF ELEMENTARY MEMBER SCHOOLS OF
THE CONNECTICUT ASSOCIATION OF SCHOOLS

**AN INVITATION TO NOMINATE AN ELEMENTARY TEACHER AS
OUTSTANDING TEACHER OF THE YEAR 2001**

PURPOSE

To give public recognition in Connecticut and nationally to an outstanding CAS member elementary school teacher who represents the best in the profession. The person selected will not necessarily be “the best” in the state, but rather a person who deserves major recognition as an example of outstanding teaching that the state has to offer.

The teacher chosen will be honored in Connecticut by CAS.

ELIGIBILITY

CAS recognizes that an outstanding elementary teacher creates a classroom and school environment appropriate to the needs of the elementary-level student. The following criteria will be used to determine the recipient of this award:

1. Candidate must be a practicing teacher of a CAS elementary school who exhibits the following:
 - a. Demonstrates excellence in teaching
 - b. Demonstrates involvement with students, staff, and parents in and out of the classroom
 - c. Demonstrates leadership within the profession
2. The candidate should be in at least her/his fifth year as a practicing elementary school teacher in Connecticut and in at least the third year in their present position.
3. Nominations may be made by any present or former member of the school staff or district central office personnel.
4. Nominations must be made on the forms provided. If this form is not used, please limit your application to 6 pages following the sequence listed herein.
5. Nominations must be accompanied by three (3) letters of recommendation, submitted on the forms provided, by any persons who are qualified to judge the professional performance of the candidate. **ONE OF THE THREE LETTERS OF RECOMMENDATION MUST BE FROM THE BUILDING PRINCIPAL.** Incomplete nominations will not be considered.
6. Deadline for submission of nominations is March 9, 2001.
7. Nominations should be sent to:

Dr. Robert F. Carroll, Assistant Executive Director
The Connecticut Association of Schools
30 Realty Drive
Cheshire, CT 06410

ELEMENTARY TEACHER RECOGNITION
NOMINATION FORM

I nominate the following person to be a recipient of the Connecticut Association of Schools Elementary School Teacher Recognition Award for the year 2001.

Name _____ Position _____

School _____

Address _____

Town _____ Zip _____ Telephone _____

Years in Present Position _____ Total Years in Profession _____

STATEMENT OF REASON FOR NOMINATION. Please address specifically the criteria listed on the attached Invitation to Nominate. (Limit your answers to a total of six typed pages double-spaced)

Typed Name of Nominator

Signature of Nominator

Position of Nominator

Telephone Number/Date Submitted

ENDORSEMENT BY SUPERINTENDENT OF SCHOOLS

I have read and support this application.

Typed Name of Superintendent

Signature of Superintendent

Send completed nomination to:

Dr. Robert F. Carroll, Assistant Executive Director
Connecticut Association of Schools
30 Realty Drive, Cheshire, CT 06410

Deadline for submission: March 9, 2001

CAS ELEMENTARY TEACHER RECOGNITION FOR THE YEAR 2001

LETTER OF RECOMMENDATION

Name of Nominee _____

School _____ Town _____

CAS recognizes that an outstanding elementary teacher creates a classroom and school environment appropriate to the needs of the elementary-level student. The following criteria will be used to determine the recipient of this award:

This recommendation must address specifically the below-listed criteria. General statements will not suffice. Use other side and additional sheets if necessary.

Candidate must be a practicing teacher of a CAS elementary school who exhibits the following:

- a. . Demonstrates excellence in teaching.
- b. . Demonstrates involvement with students, staff, and parents in and out of the classroom.
- c. . Demonstrates leadership within the profession.

Date: _____

Signature of Recommender

Position

Address _____ Zip _____ Telephone _____