

Oak Park High School

Teacher of the Month

Nomination Instructions

(2013 - 2014 School Year)

Please complete the information on the enclosed Nomination Form and return it to **Mr. Stephens at kstephe@oakparkschools.org**. You may also send your completed form to OPHS, 13701 Oak Park Blvd, Oak Park, MI 48237, and fax to 248.336.7758. Parents, students, school staff members, principals or Oak Park community members may nominate a teacher.

The *name and school of the nominee should ONLY be entered on page TWO (2) of the Nomination Form, with other pertinent information.* In order to insure anonymity and impartiality in the selection process, **PLEASE DO NOT USE THE NAME OF THE NOMINEE OR THE SCHOOL HE OR SHE IS AFFILIATED WITH IN THE NOMINATION DESCRIPTION ON PAGE THREE(3).**

Your nomination will be kept for three selection cycles or approximately three months after it is received. *Nominations are accepted throughout the year and are to be submitted on the 3rd Friday of each month.*

Please direct any questions to Mr. Stephens at kstephe@oakparkschools.org or Dr. Church at gchurch@oakparkschools.org.

The following schools are eligible to participate in this program:
Oak Park High School, Oak Park Freshman Institute, N.OVA, and Lessenger Alternative School

This program is sponsored by the Oak Park High School Committee.

Oak Park High School

Education Committee

Teacher of the Month Program Nomination Form (2013-2014 School Year)

Date: _____

Name of Teacher/Counselor Being Nominated: _____

Subject or Grade Taught: _____

Home Address of Person Being Nominated (if known): _____

_____ zip code _____

Home Phone Number & Email Address of Person Being Nominated (if known):

Nominee's School: _____

School Address: _____

School Phone Number: _____ Email _____

Name of Person Submitting Nomination: _____

Please check or fill in appropriate category for person submitting nomination:

Parent Student Teacher Principal Community Member

Other: _____

Do you agree to have your name mentioned as nominator? Yes No

Address: _____

Phone Number: _____ email _____

Oak Park High School Committee

Teacher of the Month Program

Nomination Form

(2013-2014 School Year)

Please explain why you are nominating this individual to be a Teacher of the Month, below. *Please use additional paper if needed.* To support your nomination, please *give a clear and concise description of what makes this teacher special. Specifically, in what way(s) does this teacher go above and beyond what is expected of a teacher in his/her position? What are the teacher's exceptional efforts that enhance or enrich a child's (children's) educational experiences?* For example, does this teacher have an exceptional instructional method; exhibit unusual creativity; relate to children in a special way; address children's learning styles; do projects or units that are both fun and instructional?

PLEASE DO NOT INCLUDE THE NAME OF THE NOMINEE OR THE SCHOOL HE OR SHE IS AFFILIATED WITH, IN THIS SECTION.
