

Elsie Samuels Early Childhood Educator Excellence Award Teacher Nomination Form

TEACHER INFORMATION

Date: _____ Nominated by: _____

Teacher Name: _____ Center Name: _____

REASON FOR NOMINATION

*What makes this teacher stand out? Why do you think this person deserves this award?
This behavior needs to be easily observed when the committee visits this person's classroom.*

COMMITTEE USE ONLY

Date Received: _____ Nomination approved? Yes No

Application Number: _____ Approved by: _____ (initial)