



CONNECTICUT AFFILIATE

TEACHER OF THE YEAR

NOMINATION FORM

1. Nominee: _____

2. Home Address: _____

3. Telephone: Home: (_____)_____ School: (_____)_____

4. AAFCS Membership Number: _____

5. Name of School: _____

6. School Address: _____

7. Position/Title: _____

8. Grade(s) Taught: _____

9. Title of Nominee's Program: _____

10. **Program focus Area** (check only one):

_____ Alternative / Creative Programs

_____ Consumer Education

_____ Personal & Family Finance

_____ Early Childhood Education

_____ Family Studies

_____ Food Production & Services

_____ Nutrition & Wellness

_____ Housing & Interior Design

_____ Textiles & Apparel

11. Identify colleges/universities you have attended. List the most recent first.

Degree	Major	Institution	Date Received

12. Professional Experience (list most recent first).

Position	Employer	Dates	Function/Responsibilities

13. Professional/Honorary Activities and Affiliations

Organization	Year of membership Positions Held/Honors Received

14. Was this program created by the nominee? _____ Yes _____ No

15. Date this program began? _____

State the primary focus of the program and identify the areas it was designed to address. Briefly state how the goals / objectives of the program are achieved. Who benefits from the program?

Nominating person: _____

Position: _____

If other than self, please write a brief statement about the nominee's program and accomplishments.

Address of nominating person: _____

Telephone: Home (_____) _____ School (_____) _____

Signature: _____ Date: _____

All applications must be postmarked by March 15th.

Selection is in accordance with the AAFCS Guidelines. For help or information please call **Shirley Randazzo at 860.875.7522**. The winner will be honored at the Spring Meeting. All entries should be sent to:

Shirley Randazzo, 47 Hayes Avenue, Ellington, CT 06029

This form may be word processed, signed and dated.