

IAHPERD TEACHER OF THE YEAR AWARD

APPLICATION INSTRUCTIONS

Definition

An eligible teacher of the year is defined for the purpose of this award as an individual who has a major responsibility teaching his/her level and subject for a specific school and school system. Categories for this award include the following: Elementary Physical Educator, Middle School Physical Educator, Secondary School Physical Educator, Health Educator, Adapted Physical Educator, Young Professional Elementary Physical Educator, Young Professional Middle School Physical Educator, Young Professional Secondary Physical Educator, Adventure Educator and Dance Educator.

Eligibility Requirements

An educator who meets the eligibility requirements and exemplifies the criteria for this award, as outlined below, may apply or may be nominated by a colleague for the award.

Eligibility requirements include:

1. Current membership in IAHPERD (To be eligible for the Midwest District and SHAPE America awards, SHAPE America membership is required.)
2. Degree in and certification in the field being taught
3. Minimum of five (5) years teaching experience in the subject matter (or less than five years for Young Professional Awards). Applicants for Dance Educator need to have taught a minimum of three years.
4. Full-time teaching contract, current at the time of nomination and selection-- teachers may have responsibility for teaching grades that cross different grade levels, but may submit applications for one level only.
5. Minimum of 50% of total teaching assignment in subject matter and level
6. Educator of the Year recipients will be asked to present sessions at the IAHPERD State Convention the following year.

Please Note: Current members of the IAHPERD Recognition will select the Teacher of the Year from the applications received by the deadlines established.

Level Designations

- | | |
|---------------------|--|
| 1. Elementary | K through 5 th Grade |
| 2. Middle School | 6 th through 8 th Grade |
| 3. Secondary School | 9 th through 12 th Grade |

Award Questions

Applicants must answer the following questions. Answers per question should be **one page** in length, single-spaced, in Times New Roman 12-point font or Arial 10-point font. These three pages will be submitted along with the application form and publicity form, included in this packet.

1. Describe your innovative methods of teaching and how they meet the needs of your students.
2. Give examples of how national and Illinois State Standards are being met by your program.
3. Describe your service to the profession through leadership roles, presentations and/or writing at the school district, community, IAHPERD district, IAHPERD state and Midwest District (SHAPE America) levels as applicable.

Application Directions

1. IAHPERD District Presidents should make sure that the applicants meet the criteria and that the applications are complete before they are submitted for IAHPERD state-level consideration.
2. Application materials must be submitted electronically.
3. **A minimum of two letters of recommendation must** accompany the IAHPERD application, including one from a school supervisor/administrator. Three letters of recommendation are also acceptable. Letters of recommendation should address some of the award criteria.
4. Official application form and publicity form should accompany the application. These forms are included in this application packet.
5. A digital picture (head shot) should accompany all the forms when submitted.
6. Applications that are forwarded from IAHPERD state winners to the Midwest District level for national consideration **MUST** be on the SHAPE America form, including additional questions to be answered. A videotaped lesson may be required for some awards. State winners will be supplied with the internet links to these forms but may also find them on the www.shapeamerica.org web site.

**ILLINOIS ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION,
RECREATION AND DANCE**

TEACHER OF THE YEAR

**OFFICIAL APPLICATION FORM
To be completed by nominee**

Send to your IAHPERD District President by **March 1**.

Check the award that fits your professional qualifications:

- Elementary Physical Education Teacher of the Year (K-5) _____
- Middle School Physical Education Teacher of the Year (6-8) _____
- Secondary Physical Education Teacher of the Year (9-12) _____
- Health Educator of the Year _____
- Adapted Physical Education Teacher of the Year _____
- Adventure Education Teacher of the Year _____
- Young Professional Physical Educator of the Year _____ (Elem/Middle/or Secondary?)
- Dance Educator of the Year _____

Applicant's Name:

Name You Wish To Be Called:

Name to Use in Writing (certificates, press releases, etc.)

Home Address:

City/State/Zip:

Home Phone:

Cell Phone:

Home Email Address:

Present Position/Title:

School Name:

Address: City/State/Zip

School Phone:

FAX:

School Email:

Educational Information:

College/University

Major

Bachelors Degree

Masters Degree

Doctoral/Prof. Degree

Career Information:

Position

Location

Length of Service

Professional Affiliations:

SHAPE America Membership #:

Expiration Date:

Years of Membership:

Activities (offices, articles, etc.)

District SHAPE America:

District Offices/Divisions or Project Activities:

IAHPERD Membership #:

Expiration Date:

Years of Membership:

Other Professional Affiliations:

Significant Achievements in the Field:

Community Service: (Type and Dates.)

**ILLINOIS ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND
DANCE**

TEACHER OF THE YEAR

**PUBLICITY FORM
To be completed by nominee**

Send to your IAHPERD District President by **March 1**.

State: **ILLINOIS**

SHAPE America District: **MIDWEST DISTRICT**

Applicant's Full Name:

Applicant's Home Address:

Applicant's Home Email Address:

Applicant's Work Email Address:

Applicant's Home Phone:

Applicant's Work Phone:

Applicant's Cell Phone:

School District Information:

School District Name:

Administrative Offices Address:

City, State, Zip

Superintendent's Name:

Address:

Superintendent's Email Address:

Phone:

Principal's Name:

Address:

Email Address:

Phone:

Program/Dept Chair's Name and Title:

Address:

Email Address:

Phone:

School District Public Relations Officer:

Email Address:

Phone:

Newspapers:

Newspaper #1:

Editor:

Address:

Phone:

FAX:

Editors Email Address:

Newspaper #2:

Editor:

Address:

Phone:

FAX:

Editor's Email Address:

Television Station:

Station Name/Call Letters:

Contact Person:

Address:

Phone:

FAX:

Email Address:

Station Name/Call Letters:

Contact Person:

Address:

Phone:

FAX:

Email Address:

Government Officials:

State Representative:

Address:

Email Address:

State Senator:

Address:

Email Address:

U.S. Congress Representative:

Address:

Email Address:

U.S. Senator:

Address:

Email Address:

U.S. Senator:

Address:

Email Address:

Others: list others, including titles and addresses, to which your progress in this program should be reported. Use additional sheets if necessary.