**IAHPERD HEALTH TEACHER OF THE YEAR AWARD**

**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: Health Education

**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).
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. Teacher of the Year recipients will be asked to present sessions at the IAHPERD State Convention the following year.
7. Certificate of employment must be completed and submitted with application.

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

**Level Designations**

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

**Award Questions**

Applicants must answer the following questions. An answer to a question should not exceed one page in length, be single-spaced and be in Times New Roman 12-point font or Arial 10-point font. These seven pages will be submitted along with the application form and publicity form.

1. Give examples of how Illinois State Standards and national (SHAPE America) standards are being met by your skills based health education program.
2. Describe your innovative methods of teaching, instructional practices, assessment tools and how they meet the needs of all of your students.
3. Serves as a positive role model epitomizing personal health and fitness and enjoyment of learning and activity that goes beyond the classroom
4. Describe your participation in professional development at your local, state, district and/or national level organizations, at your school and in your community
5. Describe your volunteer service at your local, state, district and/or national level organizations, at your school and in your community
6. 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.
7. Demonstrates evidence of meritorious professional activity in at least two (2) of the following: innovative teaching, publications, presentations, funded research or programs, special projects, or other health related activities

**Application Directions**

1. **Complete application must be sent to your IAHPERD District President by March 1st**
2. Application materials must be submitted electronically using **Word** only.
3. **A minimum of two letters of recommendation, on school letterhead, MUST** accompany the IAHPERD application, including one from your current school supervisor/administrator. A second letter of recommendation should be from a district administrator, assistant principal, superintendent, curriculum leader or related administrative position. Three letters of recommendation are also acceptable. Letters of recommendation must address the award criteria.
4. Official application form and publicity form must accompany the application. These forms are included in this application.
5. **A digital picture (head shot) must accompany all the forms when submitted.**
6. A certificate of employment must be completed and submitted with application.
7. If the applicant wishes to be considered for the Midwest SHAPE AMERICA awards, the applicant MUST access the information on the SHAPE AMERICA website  www.shapeamerica.org   The applicant MUST use the SHAPE AMERICA form and answer the SHAPE AMERICA questions.  A videotaped lesson may be required for some awards.  If you need additional help or information you may contact the IAHPERD Awards Chair.

**ILLINOIS ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION,**

**RECREATION AND DANCE**

**HEALTH TEACHER OF THE YEAR**

**OFFICIAL APPLICATION FORM**

**To be completed by nominee**

**Complete application must be sent to your District President by March 1st**

Check the award that fits your professional qualifications:

Health Education Teacher of the Year (6-8) \_\_\_\_ (9-12) \_\_\_\_\_

**Applicant’s Name:**

Name You Wish To Be Called:

Name to Use in Writing (certificates, press releases, plaques):

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: Minor:

Bachelor’s Degree

Master’s Degree

Doctoral/Professional Degree/Other

**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:

IAHPERD District Name:

Other Professional Affiliations:

**Significant Achievements in the IAHPERD Fields:**

**Community Service:** (Type and Dates)

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

**HEALTH TEACHER OF THE YEAR**

**PUBLICITY FORM**

**To be completed by nominee**

**Complete application must be sent to your District President by March 1st**

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:

Twitter:

**Newspapers**

**Newspaper #1**: Editor:

Address:

Phone: FAX:

Editors Email Address:

**Newspaper #2:** Editor:

Address:

Phone: FAX:

Editor’s Email Address:

**Television Station:**

**Station Name #1/Call Letters:** Contact Person:

Address:

Phone: FAX:

Email Address:

**Station Name #2/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 other sources, including titles and addresses (if applicable), to which your achievements in this program should be reported. Use additional sheets if necessary.

Health Teacher of the Year Scoring Form

 Illinois Association for Health, Physical Education, Recreation & Dance

Affiliated with

MIDWEST association for health, physical education, Recreation and Dance

And the

SOCIETY OF HEALTH AND PHYSICAL EDUCATORS

SOCIETY OF HEALTH AND PHYSICAL EDUCATORS

and the

SOCIETY OF HEALTH AND PHYSICAL EDUCATORS

Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIRECTIONS:** Award points for each criterion using the rubric descriptors provided. Add up the points and record at the bottom. After scoring each applicant, rank the applicants (i.e., rank of 1 is awarded to applicant with the highest total points; rank of 2 for second highest, etc.).

|  |  |
| --- | --- |
| **Points** | **Criteria** |
|  | **Education***3=PhD, National Board; 2= Master’s; 1= Bachelor’s* |
|  | **Experience***4=20+ years; 3=10-19 years; 2=6-9 years 1=****Young Professional TOY:*** *5 years or less* |
|  | **Achievements & Community Service***3=Exceptional, 2=Average, 1=Limited* |
|  | **Criteria 1 (Best Practice):** Conducts an appropriate skills based health education program as reflected in the standards of practice for health education using Illinois State Standards and national (SHAPE America) standards*10=Exemplary, 8=Excellent, 6=Good, 4=Average, 2=Satisfactory* |
|  | **Criteria 2 (Innovation, Variety of Methodology, and Assessment):** Utilizes various teaching methodologies and plans innovative learning experiences with assessments to meet the needs of all students.*10=Exemplary, 8=Excellent, 6=Good, 4=Average, 2=Satisfactory* |
|  | **Criteria 3 (Role Model):** Serves as a positive role model epitomizing personal health and fitness and enjoyment of activity/learning that goes beyond the classroom*10=Exemplary, 8=Excellent, 6=Good, 4=Average, 2=Satisfactory* |
|  | **Criteria 4 (Professional Development):** Participates in professional development opportunities at the local, state (IAHPERD, ISHA, other), district and/or national (SHAPE, ASHA, other) level organizations, at your school and in your community*10=Exemplary, 8=Excellent, 6=Good, 4=Average, 2=Satisfactory*  |
|  | **Criteria 5 (Volunteer-Service):** Volunteer service to local, state, district or national level organizations and/or at your school and/or community *10=Exemplary, 8=Excellent, 6=Good, 4=Average, 2=Satisfactory* |
|  | **Criteria 6 (Service and Leadership)**: Provides service to the profession through advocacy, consultation, in-service training presentations and/or active membership in related professional organizations at the state, regional and national level*10=Exemplary, 8=Excellent, 6=Good, 4=Average, 2=Satisfactory* |
|  | **Criteria 7** **(Other Professional Activity):** Evidence of meritorious professional activity in at least three (2) of the following: innovative teaching, publications, presentations, funded research or programs, special projects, or other health related activities *10=Exemplary, 8=Excellent, 6=Good, 4=Average, 2=Satisfactory*  |
|  | **Letters of Recommendation***2 letters of recommendation (Letters contribute to Criteria 1-7)* *Each letter is 5 points for a total of 10 points.* |
|  | **General/Overall (**Writing Style, Grammar, Spelling, Neatness, Completeness)*5=Exemplary, 4=Excellent, 3=Good, 2=Average, 1=Satisfactory* |

**\_\_\_\_\_\_\_\_\_\_ = TOTAL POINTS (maximum 95)**

**\_\_\_\_\_\_\_\_\_\_ = RANKING**

Letters of Recommendation

The letters should address criteria for the award (not coaching).

Sample areas of consideration:

 Teaching innovations and methodologies

 Learning environment

 Curriculum (Illinois state standards, SHAPE America Standards)

 Use of technology

 Service to District

 Role model and sensitivity to personal and emotional needs of children

 Professional development

These are a few of the areas that can be used in the letter of recommendation.

*Illinois Association for Health, Physical Education,*

*Recreation and Dance*

CERTIFICATE OF EMPLOYMENT

To Whom It May Concern,

This is to certify that Mr./Mrs./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is

currently employed in School District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

school and has the primary teaching responsibility of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This certificate is being issued upon his/her request for whatever purpose it may serve.

Principal

Month/Day/Year