

# Alexander Schools

## Teacher of the Month Nomination Form

Date: \_\_\_\_\_

Name of Teacher/Counselor Being Nominated: \_\_\_\_\_

Subject or Grade Taught: \_\_\_\_\_

Home Address of Person Being Nominated (if known): \_\_\_\_\_

Home Phone Number & email address of Person Being Nominated (if known): \_\_\_\_\_

What inspired you to nominate this individual? \_\_\_\_\_

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Name of 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 \_\_\_\_\_