AATF TEACHER OF THE YEAR AWARD
GEORGIA CHAPTER
NOMINATION FORM

Nominated Teacher: _____

Teaching Level: **Elementary School:** _____ **Middle School:** _____

High School: _____ **Postsecondary Institution:** _____

Home address: _____

_____

Home phone: _____ **Work phone:** _____

Personal Email: _____ **Work Email:** _____

Teaching Institution: _____

Address: _____

_____

Name of Immediate Supervisor: _____

Current teaching responsibilities: _____

_____

_____

Length of AATF membership: _____ **Length of teaching experience:** _____

Letters of recommendation from: **1.** _____

2. _____

3. _____

Nominated by: _____

Address: _____

Telephone: _____

Email: _____

The nomination packet should be postmarked no later than December 1, 2008 and mailed to:

Kathy Porto, AATF TOTY, McIntosh HS, 201 Walt Banks Road, Peachtree City, GA 30269