

2022 District Teacher of the Year Application
Department of Defense Education Activity

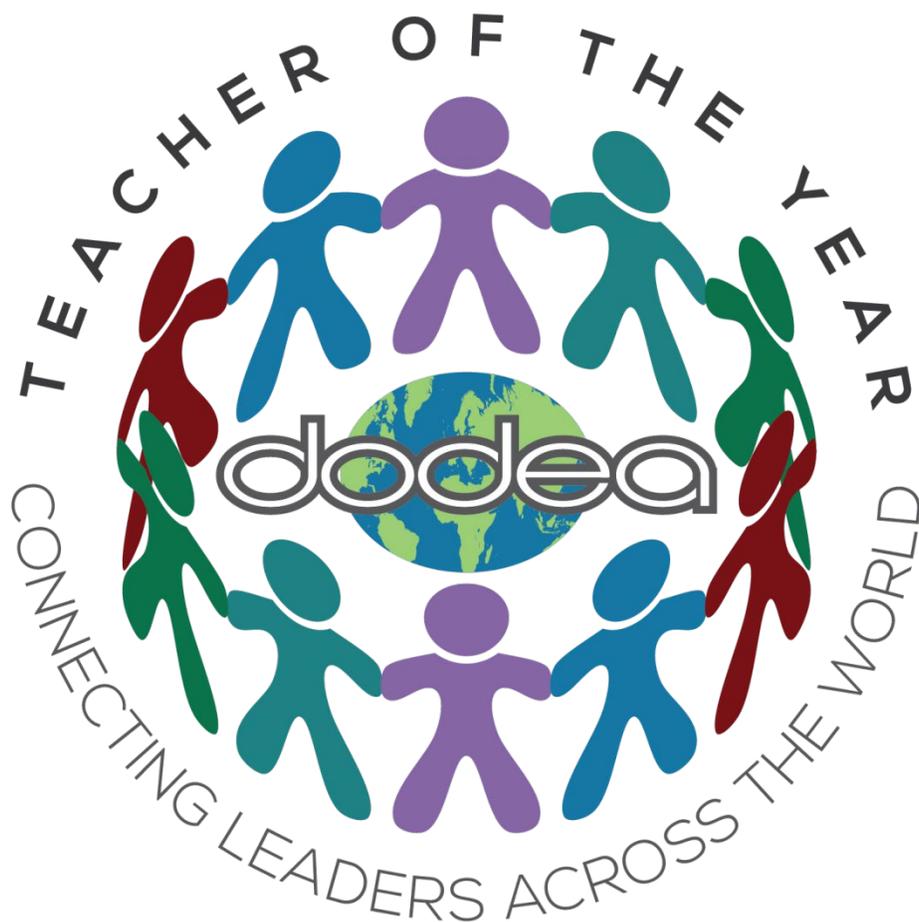




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Eligibility Requirements for District/DoDEA Teacher of the Year: (* from National Teacher of the Year Program)

- Must have the respect and admiration of colleagues and:
 - Be an expert in his/her field who guides students of all backgrounds and abilities to achieve excellence
 - Collaborate with colleagues, students, and families to create a school culture of respect and success
 - Deliberately connect the classroom and key stakeholders to foster a strong community at large
 - Demonstrate leadership and innovation in and outside of the classroom walls that embodies lifelong learning
 - Express him/herself in an engaging and articulate way
- Must have completed three full years as a DoDEA teacher
- Must be willing to represent the organization in a way that brings honor to the profession
- Must be willing to represent DoDEA’s Mission

Expectations for those selected as District Teachers of the Year:

- Attendance and participation in face-to-face and online professional learning sessions related to teacher leadership
- Creation of an action plan that will be used to develop leadership practices in your school or district. This action plan will be used to document your activities throughout your year of recognition



Expectations for the DoDEA Teacher of the Year:

- Attendance and participation in face-to-face and online professional learning sessions related to teacher leadership
- Creation of an action plan that will be used to develop leadership practices in your school or district. This action plan will be used to document your activities throughout your year of recognition
- Development of a semester-long sabbatical project, in collaboration with DoDEA HQ Leadership and Teacher of the Year POC



SECTION I: APPLICATION FORM

(Required for all District Applications)

APPLICANT INFORMATION			
Full Name	Prefix	First	Last
	<p>Demographic Information*</p> <p>Which category includes your age*:</p> <p><input type="checkbox"/> 21-29</p> <p><input type="checkbox"/> 30-39</p> <p><input type="checkbox"/> 40-49</p> <p><input type="checkbox"/> 50-59</p> <p><input type="checkbox"/> 60 or older</p> <p><input type="checkbox"/> Decline to answer</p> <p>Gender*:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Decline to answer</p> <p><input type="checkbox"/> Other (please specify) _____</p>		
Address	<p>*The District/ DoDEA Teacher of the Year will be selected without regard to race, color, religion, sex, or national origin, and will not be discriminated against on the basis of disability.</p>		
	Street Address		
	City	State	Zip Code
	Phone		Work
Email		Work	Summer
SCHOOL INFORMATION			
School	County		
	District		
	School		

District Teacher of the Year Application



Address	Street Address		
	City	State	Zip Code
Phone	Work	Fax	
CLASSROOM TEACHER INFORMATION			
Experience	Number of Years in Present Position	Number of Total Years in Education <i>(not just at your school)</i>	
	Current Teaching Position	Grade Level(s) Currently Teaching	
PERMISSION			
<p>I hereby give my permission that any or all of the attached materials may be shared with individuals selected to evaluate credentials for the Teacher of the Year Program on the district, area and national levels. I understand that the information contained in this application may be used by DoDEA in the promotion of the Teacher of the Year Program. I am not aware on any adverse action pending against me and I understand that the program will confirm there is no adverse action at various points in the process.</p>			
REQUIRED Signature			Date



Section I - Application Form continued

PRINCIPAL INFORMATION			
Full Name			
	Prefix	First	Last
Phone			
	Work	Cell	
Email			
	Work		
I acknowledge that the nominee submits this application with my approval.			
REQUIRED Signature			Date
POC INFORMATION			
Full Name			
	Prefix	First	Last
Phone			
	Work	Cell	
Email			
	Work		
I acknowledge that the nominee submits this application with my review.			
REQUIRED Signature			Date
SUPERINTENDENT INFORMATION – to be completed by Superintendent ONLY for applicant selected to be District Teacher of the Year			
Full Name			
	Prefix	First	Last
Phone			
	Work	Cell	
Email			
	Work		
I acknowledge that the nominee submits this application with my approval.			
REQUIRED Signature			Date



SECTIONS II - IV

Please ensure that you limit your responses to the number of words listed. In order to provide all applicants with an equal opportunity only those applications meeting the requirements will be accepted. Any additional pages and/or materials submitted will NOT be presented to the District Selection Committee.



SECTION II: RESUME - Two Page Limit

(Please keep your responses as simple as possible. It is recommended that you enter each item as a separate line of text. Categories are as follows :)

- A. **Education:** Beginning with most recent, list colleges and universities attended including postgraduate studies. Indicate degrees earned and dates of attendance.
- B. **Certifications:** Beginning with the most recent, list any educationally-related certifications.
- C. **Experience:** Beginning with most recent, list teaching employment history indicating time period, grade level and subject area.
- D. **Leadership:** Beginning with most recent, list staff development leadership activity and leadership activity in the training of future teachers.
- E. **Awards and Other Recognition:** Beginning with the most recent, list awards and other recognition of your teaching.

Type your response on the next two pages.



SECTION II: RESUME



SECTION II: RESUME *(continued)*



SECTION III: PROFESSIONAL BIOGRAPHY

(Please complete your professional biography in 3rd person. **Limit: 250 Words**; Please indicate the total number of words at the end of the section)

SECTION III: PROFESSIONAL BIOGRAPHY



SECTION IV: RESPONSE QUESTIONS

Respond to the following questions, highlighting your personal story and why you believe you should be the District Teacher of the Year. Please indicate evidence of student impact. Please do not include external links. Maximum word counts are indicated in parenthesis. Please indicate the total number of words at the end of each essay.

A. Lesson Example: Describe a content lesson or unit that defines you as a teacher. How did you engage students of all backgrounds and abilities in the learning? How did that learning influence your students? How are your beliefs about teaching demonstrated in this lesson or unit? (**Maximum 750 words**; please indicate the total number of words at the end of the section)

Type your response on the next page.



SECTION IV: RESPONSE QUESTION – A: Lesson/Unit Example



SECTION IV: RESPONSE QUESTIONS (continued)

B. Project/Initiative: Describe a project or initiative you have been involved in which contributed to the improvement of overall school culture. What was your role, how did you collaborate with others, and what is the status of this project today? Please include evidence of student impact. (**Maximum 500 words; please indicate the total number of words at the end of the section**)

Type your response on the next page.



SECTION IV: RESPONSE QUESTION – B: Project/Initiative



SECTION IV: RESPONSE QUESTIONS (continued)

C. Public Education Issue: What do you consider to be a major public education issue today? Describe how you demonstrate being a lifelong learner, leader, and innovator about this issue, both in and outside of the classroom walls. (**Maximum 500 words**; please indicate the total number of words at the end of the section)

Type your response on the next page.



SECTION IV: RESPONSE QUESTION – C: Public Education Issue



SECTION V: LETTERS OF SUPPORT

(Limit of three letters, each a **MAXIMUM of ONE PAGE)**

Include three letters of support from any of the following: superintendent, principal, administrator, colleague, student/former student, parent, or civic leader.

SECTION VI: PHOTOGRAPH (HEADSHOT)

Include with the application package a photograph of the candidate in electronic file form, suitable for publicity purposes. The specifications of the photograph are:

- Color
- Portrait orientation
- 300 ppi
- .jpg format

APPLICATION SUBMISSION REQUIREMENTS

Submit this application to your District TOY Point of Contact (POC). Make sure you include:

1. Application (this document): The application must include:
 - a. Section I – (Required Signatures) **See pages 2-3.**
 - b. Sections II-IV must not exceed the required page or word limits
2. Three Letters of Support (Section V) **See guidelines above.**