



Schenectady City School District



TEACHER OF THE YEAR NOMINATION

Teacher's Name _____

Content Area/Grade Level _____

Building _____

PLEASE DO NOT EXCEED ONE PAGE FOR YOUR RESPONSE

The reason I nominate this individual is as follows:

Signature of individual making nomination

Print Name

Date

**All nominations must be received through inter-school/office mail by Monday, February 27, 2012
Send to Jim Masi via the Superintendent's Office.**