



## GIFTED PROGRAM TEACHER OF THE YEAR

This award is presented to a teacher of the gifted who has demonstrated a commitment to students, leadership within the school and district, advocacy for the gifted, and a commitment to GAGC or other relevant professional organizations.

### **Criteria:**

The nominee must:

- 1) Be a member of GAGC
- 2) Be a gifted program teacher for at least two years
- 3) Be presently teaching, at least half time, in a gifted program in Georgia
- 4) Not be a previous GAGC winner of this award
- 5) If selected, agree to present at the next annual GAGC convention

### **Procedure:**

The nomination packet must include:

- 1) Completed nomination form (next page)
- 2) A two page summary to include statements addressing all of these areas:
  - a. Demonstrated commitment to teaching gifted students
  - b. Service as an advocate for gifted education
  - c. Service to GAGC and/or other relevant professional organizations (list positions, years of service, and contributions)
  - d. Evidence of leadership within the school and the district
- 3) Two additional letters of support. Each should deal with teaching strengths of the nominee and should include length of time and circumstances in which the writer has known the nominee. Letters may be from the nominator or a teaching colleague, the supervising principal or designated administrator, a student or former student, a parent of a student or former student.

### **Recognition:**

The award recipient will be recognized at the annual GAGC convention. He or she will receive a complimentary registration to this year's convention, a plaque presented at the convention, and a letter of recognition from the GAGC President. The GAGC TOTY will also receive registration and paid travel expenses to the summer Confratute at the University of Connecticut.

**Nominations shall be submitted by November 30.**

**Complete online, mail, or fax application to:**

GAGC Awards Committee  
1579F Monroe Drive, #321  
Atlanta, GA 30324  
Fax: 404-875-2284



## GIFTED PROGRAM TEACHER OF THE YEAR Nomination Form

Date of Nomination: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_

Nominee Home Address: \_\_\_\_\_

Nominee City, State, Zip Code: \_\_\_\_\_

Nominee E-mail: \_\_\_\_\_

Nominee Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Nominee GAGC Membership Status: \_\_\_\_\_

Years teaching experience: \_\_\_\_\_ Years teaching gifted: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

School Phone: \_\_\_\_\_

System: \_\_\_\_\_

Name of Nominator: \_\_\_\_\_

Nominator Home Address: \_\_\_\_\_

Nominator City, State, Zip Code: \_\_\_\_\_

Nominator E-mail: \_\_\_\_\_

Nominator Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Nominator GAGC Membership Status: \_\_\_\_\_