

NAME \_\_\_\_\_

CATEGORY \_\_\_\_\_

SCHOOL DISTRICT NAME \_\_\_\_\_

SCHOOL DISTRICT NUMBER \_\_\_\_\_

---

# *THOSE WHO EXCEL*

---

Education Awards Program  
2008-2009 Application



Illinois

---

# TEACHER OF THE YEAR

---

Illinois State Board of Education  
Public Information

100 North First Street • Springfield, IL 62777-0001 • 217/782-4648



## THOSE WHO EXCEL 2008-2009

Welcome to the 35th Annual State Board of Education *Those Who Excel/Illinois Teacher of the Year Program*.

This year's program has six nomination categories: 1) classroom teacher; 2) school administrator/principal; 3) student support personnel (certificated); 4) educational service personnel (noncertificated); 5) school board member/community volunteer; and 6) team. **Only one nomination per category, per district will be accepted; except in Chicago School District 299 where multiple nominations are allowed.**

**DUE DATE** — Nominations must be postmarked by **May 16, 2008**.

**NOMINATION PACKETS** — For nominator convenience, the nomination packets are grouped in three areas with specific criteria identified for each one. The groupings are:

**Nomination Packet A** ..... Student Support Personnel; Educational Service Personnel; School Board Member/Community Volunteer

**Nomination Packet B** ..... Classroom Teacher; School Administrator

**Nomination Packet C** ..... Team

If you have any questions about the program, contact Public Information at 217/782-4648.

**NOMINATION GUIDELINES**  
**2008-2009 THOSE WHO EXCEL/TEACHER OF THE YEAR AWARDS PROGRAM**  
**ILLINOIS STATE BOARD OF EDUCATION**  
**Program Description**

The *Those Who Excel Awards Program* annually recognizes and honors people who have made outstanding contributions to public and nonpublic elementary and secondary education. A selection committee comprised of representatives of statewide education organizations is convened in early summer to evaluate and score the nominations.

Nominees and their administrators will be notified by mail in late summer about their application results. Three types of awards are given:

- Award of Excellence
- Award of Meritorious Service
- Award of Special Recognition

Awards will be presented at the banquet.

Nominations can be made in six categories:

- **Student Support Personnel (Certificated)** — School nurse, psychologist, social worker, guidance counselor, media/librarian/audio visual, or speech/language therapist who spends more than 50 percent of time in the indicated field.
- **Educational Service Personnel (Noncertificated)** — Includes aides, cafeteria workers, custodians, secretaries, bus drivers, crossing guards and others.
- **School Board Member/Community Volunteer** — Only one may be nominated per district (**either** school board member or community volunteer).
- **Classroom Teacher (Certificated)** — Preschool, elementary, junior high/middle or high school teacher who spends more than 50 percent of the time instructing students.
- **School Administrator** — District superintendents, assistant superintendents, principals, assistant principals, coordinators, directors, or others whose responsibilities are more than 50 percent administrative. **Districts may nominate only one in this category.**
- **Team** — Includes, for example, teams of teachers or administrators, civic organizations, parent organizations, school boards, booster clubs, etc.
- **In addition, teachers in their 2nd-5th years of teaching may be nominated for the "Outstanding Early Career Educator" award. The criteria for this award is the same as for any teacher but publicly recognizes the accomplishments of a teacher in the early years of their careers. There is only one award for this category.**

The **Illinois Teacher of the Year** is selected from among the Award of Excellence winners in the Classroom Teacher category. During the spring 2009 semester, the Teacher of the Year will serve as an Ambassador for Teaching. He or she will travel the state conducting workshops and speaking to education and civic organizations and will serve as an advisor to the State Board and the State Superintendent. That individual will also receive one year of paid leave for graduate study and a lifetime tuition waiver at state universities. In addition, the Illinois Teacher of the Year competes in the National Teacher of the Year program sponsored by the Council of Chief State School Officers and ING US Financial Services.

**The 2008-2009 awards will be presented at the *Those Who Excel* banquet on Saturday, October 18, 2008, at the Père Marquette Hotel, 501 Main Street, Peoria, Illinois 61602.** Advance banquet reservation forms will be sent to all nominees, nominators, school district superintendents, regional superintendents and other interested parties.

## REQUIRED NOMINATION FORMAT

Each nomination submitted must follow the format described below. **Nominations which do not meet these requirements will be returned.** Nominations submitted to the State Board of Education must be postmarked by **Friday, May 16, 2008.**

1. Nomination may be made by any person or organization. The nominees must be directly involved with an Illinois public or nonpublic school and can be nominated only for their positions or roles in the education community during the 2007-2008 school year. To be eligible for consideration for Teacher of the Year, however, nominees in the teacher category must also hold a teaching position in an Illinois school during the fall of 2008.
2. Only one nominee per category per school district will be accepted except in Chicago, where multiple nominations are allowed. The school district superintendent (or top administrator in a private school) must verify that just one nominee per category per district is being submitted by signing the nomination form.
3. A form must be completed for each nominee. In order for nominations in more than one category to be made, the form and cover sheet may be duplicated.
4. The first two pages of all completed nomination packets must consist of a) the cover page (use the cover of this packet), and b) the nomination form. The subsequent packet sections should follow in numerical order.
5. Each section of the nomination packet has a maximum length requirement that will be enforced.
6. Except for letters of recommendation, which may be single-spaced on letterhead or personal stationery, each nomination should be double-spaced with one-inch margins — on plain, white 8 1/2 by 11-inch paper, one side only. Type size should be at least 12 point.
7. Center the name of each section (e.g., Background) at the top of its first page. Put the nominee's name in the upper right corner of **all** nomination packet pages.
8. All materials should be stapled together in the upper left corner.
9. **Nominations must be postmarked by Friday, May 16, 2008.**

Nominations should be sent to:

Those Who Excel  
State Board of Education  
100 North First Street, S-492  
Springfield, IL 62777-0001

Any questions regarding the Those Who Excel Program should be directed to Public Information, State Board of Education, 100 North First Street, Springfield, IL 62777-0001; 217/782-4648 or (FAX) 217/524-8585.

**NOMINATION PACKET A**  
**Student Support Personnel, Educational Support Personnel, or**  
**Board Member/Community Volunteer**

**Section 1 - Nominator's Recommendation**

Using specific descriptions and examples, succinctly explain what qualities the nominee possesses and what activities have been undertaken on behalf of schools and students that qualify the nominee as deserving of statewide recognition.

**Length:** Maximum of **two** double-spaced pages.

**Section 2 - Letters of Recommendation**

Only **three** letters of recommendation are required and will be accepted **in addition to** the nominator's recommendation. Letters should be written by individuals from **three** of the following categories: Teacher, Administrator, Community Member, Parent, or Student. Each letter should be labeled to indicate which category the author is from.

**Section 3 - Background**

Describe background and experiences that led to involvement in the educational system and activities which improve performance. This could include biographical information, educational background, awards, or other honors.

**Length:** Maximum of two double-spaced pages.

**Section 4 - Response to Questions**

In answering the questions below, provide **specific examples** and information which describe how the nominee has gone above and beyond normal job responsibilities to exemplify excellence.

**Length:** Maximum of five double-spaced pages.

1. How has the nominee demonstrated **excellence** in the fulfillment of duties?
2. How has the nominee demonstrated **concern for children**?
3. What **positive effect** has the nominee had on the school environment?
4. How has the nominee shown **leadership** or inspired others to achieve?
5. How has the nominee gone **above and beyond** what would be expected in the fulfillment of duties?

**NOMINATION PACKET B**  
**Classroom Teacher, School Administrator, or Early Career Educator**

**Section 1 - Nominator's Recommendation**

Using specific descriptions and examples, succinctly explain what qualities the nominee possesses and what activities have been undertaken on behalf of schools and students that qualify the nominee as deserving of statewide recognition.

**Length:** Maximum of three double-spaced pages.

**Section 2 - Letters of Recommendation**

\_\_\_\_\_ Only **five** letters of recommendation are required and will be accepted **in addition to** the nominator's recommendation.

One letter should be written by an individual in each of the following categories: Teacher, Administrator, Community Member, Parent, and Student. Each letter should be labeled to indicate which category the author is from.

**Section 3 - Background**

Describe background and experiences that led to involvement in the educational system and activities which improve performance. This could include biographical information, educational background, awards, or other honors.

**Length:** Maximum of two double-spaced pages.

**Section 4 - Response to Questions**

Answer the following questions by using **specific examples and information** which demonstrate how well the nominee fulfills the expectations under each of the following five categories. **Nominees are not** expected to address each bullet but rather to use those that apply **as a guide** in answering the question.

**Length:** Maximum of twelve double-spaced pages for completing all questions.

**STUDENT SUCCESS**

How has the nominee incorporated the Illinois Learning Standards in his/her teaching for all students and demonstrated that all of them can meet and exceed the standards?

**COLLABORATION**

How has the nominee demonstrated excellence as a contributing member of a collaborative culture? Someone who collaborates with colleagues, parents, families and the community to improve teaching and learning, and who fosters collaboration and teamwork among students.

**CONTINUOUS LEARNING**

How is it demonstrated that the nominee is continuously participating in professional development to enhance content knowledge and improve and expand teaching skills?

**LEADERSHIP**

How has the nominee demonstrated leadership skills that will support students achievement of the Illinois Learning Standards?

**SUMMARY**

Summarize the ways in which the nominee demonstrated excellence in fulfillment of duties, as well as went beyond what is expected.

## NOMINATION PACKET C

### Team

#### Section 1 - Nominator's Recommendation

Using specific descriptions and examples, explain what qualities the team possesses and what activities have been undertaken on behalf of schools and students that qualify the team as deserving of statewide recognition.

**Length:** Maximum of two double-spaced pages.

#### Section 2 - Letters of Recommendation

Only **three** letters of recommendation are required and will be accepted **in addition to** the nominator's recommendation. Letters should be written by individuals from three of the following categories: Teacher, Administrator, Community Member, Parent, Student, or community organization. Each letter should be labeled to indicate which category the author is from.

#### Section 3 - Background

Describe background and experiences that led to development of the team and to its involvement in activities which led to improved student or school/district performance and/or opportunities.

**Length:** Maximum of two double-spaced pages.

#### Section 4 - Contribution to Education

Using the questions below, describe what contributions the team has made to a class, school or district that are above and beyond usual expectations and that have resulted in improved student learning or greater opportunities for students.

**Length:** Maximum of five double-spaced pages.

1. How has the team demonstrated **excellence** in the fulfillment of duties?
2. How has the team demonstrated **concern for children**?
3. What **positive effect** has the team had on the school environment?
4. How has the team shown **leadership** or inspired others to achieve?
5. How has the team gone **above and beyond** what would be expected in the fulfillment of duties?

**Please Note:** The team **must** have a name, and only one application should be submitted per team.

**ILLINOIS STATE BOARD OF EDUCATION**

Public Information  
100 North First Street, S-492  
Springfield, Illinois 62777-0001

**THOSE WHO EXCEL EDUCATIONAL AWARDS PROGRAM  
NOMINATION FORM 2008-2009**

**INSTRUCTIONS:** *Nomination forms must be typed or printed via computer. Copies of this form may be made for multiple nominations. Complete the form and return with required materials described in guidelines to above address. They must be postmarked by Friday, May 16, 2008.*

<b>CHECK ONE:</b> (If other, specify title): <input type="checkbox"/> <b>Dr.</b> <input type="checkbox"/> <b>Ms.</b> <input type="checkbox"/> <b>Miss</b> <input type="checkbox"/> <b>Mr.</b> <input type="checkbox"/> <b>Mrs.</b> <input type="checkbox"/> <b>Other</b> (specify) _____	NAME OF NOMINEE (First, M.I., Last)	How is name pronounced?
		HOME PHONE (Include area code)

HOME ADDRESS	CITY	ZIP CODE	E-MAIL ADDRESS
--------------	------	----------	----------------

NAME OF PRINCIPAL (First, Last)	NAME OF SCHOOL BUILDING FOR WHICH SERVICES WERE PERFORMED (Do not complete if nominee is Board Member or Superintendent)	PHONE (Include area code)
---------------------------------	---	---------------------------

STREET ADDRESS	CITY	ZIP CODE	FAX
----------------	------	----------	-----

<b>CHECK ONE:</b> (If other, specify title): <input type="checkbox"/> <b>Dr.</b> <input type="checkbox"/> <b>Ms.</b> <input type="checkbox"/> <b>Miss</b> <input type="checkbox"/> <b>Mr.</b> <input type="checkbox"/> <b>Mrs.</b> <input type="checkbox"/> <b>Other</b> (specify) _____	NAME OF SUPERINTENDENT (First, Last)	PHONE (Include area code)
		FAX

NAME AND NUMBER OF SCHOOL DISTRICT FOR WHICH SERVICES WERE PERFORMED (Omit for private schools)	REGION/AREA/COUNTY (See table for codes) ____ / ____ / ____
---	--

STREET ADDRESS	CITY	ZIP CODE	
----------------	------	----------	--

NAME OF ORGANIZATION/INDIVIDUAL SUBMITTING NOMINATION (First, Last)	PHONE (Include area code)
---	---------------------------

STREET ADDRESS	CITY	ZIP CODE	FAX
----------------	------	----------	-----

Check the category below for which the nomination is being submitted and provide the requested information. Only one nomination per category will be accepted.

<input type="checkbox"/> <b>Student Support Personnel</b> (Certificated)	<b>CHECK ONE:</b> <input type="checkbox"/> Media/Librarian/Audio Visual <input type="checkbox"/> Psychologist <input type="checkbox"/> Speech/Language Therapist <input type="checkbox"/> Guidance Counselor <input type="checkbox"/> Social Worker <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Nurse	TOTAL YEARS OF EXPERIENCE IN INDICATED FIELD
---	--	--

<input type="checkbox"/> <b>Educational Service Personnel</b> (Noncertificated)	<b>CHECK ONE:</b> <input type="checkbox"/> Cafeteria Worker <input type="checkbox"/> Secretary <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Janitor/Custodian <input type="checkbox"/> Aide <input type="checkbox"/> Bus Driver <input type="checkbox"/> Crossing Guard	NUMBER OF YEARS IN PRESENT POSITION
--	---	-------------------------------------

<input type="checkbox"/> <b>Board Member</b> <input type="checkbox"/> <b>Community Volunteer</b>	Only one may be selected. NUMBER OF YEARS ON PRESENT BOARD      TOTAL YEARS SCHOOL BOARD EXPERIENCE (Submit required materials described in guidelines - no additional information needed on this form.)	
---	--	--

<input type="checkbox"/> <b>Classroom Teacher</b> (50% of time in classroom) <input type="checkbox"/> <b>Early Career Educator</b>	GRADE LEVEL	NUMBER OF YEARS IN PRESENT POSITION	TOTAL YEARS TEACHING EXPERIENCE
	SUBJECT(S)		

<input type="checkbox"/> <b>School Administrator</b>	<b>CHECK ONE:</b> <input type="checkbox"/> Superintendent <input type="checkbox"/> Principal (Asst. Prin.) <input type="checkbox"/> Assistant Supt. <input type="checkbox"/> Other (specify) _____	NUMBER OF YEARS IN PRESENT POSITION	TOTAL YEARS ADMINISTRATIVE EXPERIENCE
--	--	-------------------------------------	---------------------------------------

<input type="checkbox"/> <b>Team</b>	(Submit required materials described in guidelines - no additional information needed on this form.)
--------------------------------------	--

This form must be included with required materials for all categories described in the guidelines. Incomplete nominations cannot be considered. A separate nomination form must be submitted for each individual nominated.

**Only one nominee in a category per school district will be considered. The superintendent's (or chief administrator's) signature is required to verify that this is the only nomination in this category from this district.**



**REGION/AREA/COUNTY CODES**

<b>Region</b>	<b>Area</b>	<b>County</b>	<b>Region</b>	<b>Area</b>	<b>County</b>	<b>Region</b>	<b>Area</b>	<b>County</b>	<b>Region</b>	<b>Area</b>	<b>County</b>
01	3	001 Adams	09	4	027 Ford	38	3	054 Logan	49	2	081 Rock Island
02	6	002 Alexander	21	6	028 Franklin	39	4	055 Macon	50	5	082 St. Clair
03	5	003 Bond	22	3	029 Fulton	40	5	056 Macoupin	20	6	083 Saline
04	2	004 Boone	20	6	030 Gallatin	41	5	057 Madison	51	3	084 Sangamon
46	3	005 Brown	40	5	031 Greene	13	5	058 Marion	22	3	085 Schuyler
28	2	006 Bureau	24	1	032 Grundy	43	2	059 Marshall	46	3	086 Scott
40	5	007 Calhoun	25	6	033 Hamilton	38	3	060 Mason	11	6	087 Shelby
08	2	008 Carroll	26	3	034 Hancock	02	6	061 Massac	28	2	088 Stark
46	3	009 Cass	20	6	035 Hardin	26	3	062 McDonough	08	2	089 Stephenson
09	4	010 Champaign	27	3	036 Henderson	44	1	063 McHenry	53	3	090 Tazewell
10	3	011 Christian	28	2	037 Henry	17	4	064 McLean	02	6	091 Union
11	6	012 Clark	32	4	038 Iroquois	38	3	065 Menard	54	4	092 Vermilion
12	6	013 Clay	30	6	039 Jackson	27	3	066 Mercer	20	6	093 Wabash
13	5	014 Clinton	12	6	040 Jasper	45	5	067 Monroe	27	3	094 Warren
11	6	015 Coles	25	6	041 Jefferson	10	3	068 Montgomery	13	5	095 Washington
14	1	016 Cook	40	5	042 Jersey	46	3	069 Morgan	20	6	096 Wayne
15	1	016 City of Chicago	08	2	043 JoDaviess	11	6	070 Moultrie	20	6	097 White
12	6	017 Crawford	02	6	044 Johnson	47	2	071 Ogle	55	2	098 Whiteside
11	6	018 Cumberland	31	1	045 Kane	48	3	072 Peoria	56	1	099 Will
16	2	019 DeKalb	32	4	046 Kankakee	30	6	073 Perry	21	6	100 Williamson
17	4	020 DeWitt	24	1	047 Kendall	39	4	074 Piatt	04	2	101 Winnebago
11	6	021 Douglas	33	3	048 Knox	01	3	075 Pike	43	2	102 Woodford
19	1	022 DuPage	34	1	049 Lake	20	6	076 Pope	60	105	Dept. of Corrections Schools
11	6	023 Edgar	35	2	050 La Salle	02	6	077 Pulaski	65	108	Other State Funded Public Schools
20	6	024 Edwards	12	6	051 Lawrence	43	2	078 Putnam			
03	5	025 Effingham	47	2	052 Lee	45	5	079 Randolph			
03	5	026 Fayette	17	4	053 Livingston	12	6	080 Richland			

\*Use codes for the region/area/county in which the facility is located.

**Nominations  
must be  
postmarked  
by  
Friday, May 16, 2008**