

NAME _____

CATEGORY _____

SCHOOL DISTRICT NAME _____

SCHOOL DISTRICT NUMBER _____

THOSE WHO EXCEL

Education Awards Program
2019-20 Application



Illinois

TEACHER OF THE YEAR

**Illinois State Board of Education
Communications**

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



THOSE WHO EXCEL 2019-20

Welcome to the 45th annual Illinois State Board of Education *Those Who Excel/Illinois Teacher of the Year Program*.

This year's program has seven nomination categories: 1) classroom teacher; 2) school administrator/principal; 3) student support personnel (Licensed); 4) educational service personnel (Unlicensed); 5) school board member/community volunteer; 6) team; and 7) early career educator. **Only one nomination per category per district will be accepted except in Chicago School District 299, where multiple nominations are allowed.**

DUE DATE — All nominations must be received electronically (by close of business) or postmarked by Monday, June 3, 2019. Nominations may be submitted by email to jseiler@isbe.net.

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; Early Career Educator

Nomination Packet C Team

If you have any questions about the program, contact Communications at (217) 782-4648.

NOMINATION GUIDELINES
2019-20 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 composed 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 seven categories:

- **Student Support Personnel (Licensed)** — School nurse, psychologist, social worker, school counselor, media/librarian/audio visual, or speech/language therapist who spends more than 50 percent of time in the indicated field.
- **Educational Service Personnel (Unlicensed)** — 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 (Licensed)** — Preschool, elementary, junior high/middle, or high school teacher who spends more than 50 percent of the time instructing students (includes reading specialists).
- **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.
- **Early Career Educator** — Teachers in their second to fifth 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 career.

The Illinois Teacher of the Year is selected from among the Award of Excellence winners in the Classroom Teacher category. The Teacher of the Year will serve as an Ambassador for Teaching. He or she may conduct workshops and speak to education and civic organizations. The Illinois Teacher of the Year receives a lifetime tuition waiver at one of seven state universities. In addition, the Illinois Teacher of the Year competes in the National Teacher of the Year Program. The program is a project of the Council of Chief State School Officers (CCSSO) in partnership with VOYA, inspired by ING.

A candidate for Teacher of the Year should:

- Advocate for students and teachers;
- Actively collaborate within the professional learning community and with parents and families;
- Be an exceptionally dedicated, knowledgeable, and skilled teacher in any state-approved or accredited school, pre-kindergarten through grade 12, who is planning to continue in an active teaching status;
- Inspire students of all backgrounds and abilities to learn;
- Have the respect and admiration of students, parents, and colleagues; and
- Demonstrate leadership and innovation in and outside of the classroom that embody lifelong learning.

The 201- -20 awards will be presented at the *Those Who Excel* banquet on Saturday, October %, 201-, at the Marriott Bloomington-Normal Conference Center, 201 Broadway Avenue, Normal, Illinois. Advance banquet reservation forms will be sent to all nominees, school district superintendents, regional superintendents, and other interested parties.

REQUIRED NOMINATION FORMAT

Each nomination submitted must follow the format described below. **Nominations that do not meet these requirements will be returned.** Nominations must be received electronically (by close of business) or postmarked by **Monday, June 3, 2019.**

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 2018-19 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 2019.
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. **Please do not include photographs or any additional materials.**
7. 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. **All nominations must be received electronically (by close of business) or postmarked by Monday, June 3, 2019.**

Nominations may be sent electronically to:

jseiler@isbe.net

Nominations can be mailed to:

Those Who Excel
Illinois State Board of Education
100 North First Street, S-404
Springfield, IL 62777-0001

Any questions regarding the Those Who Excel Program should be directed to Communications, Illinois State Board of Education, 100 North First Street, S-404, Springfield, IL 62777-0001; (217) 782-4648; or (FAX) (217) 782-3097.

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, Parent, or Student. ***Each letter should be labeled to indicate which category the author is from.***

Length: Maximum of **one** single-spaced page.

Section 3 – Professional Biography

Describe background and experiences that led to involvement in the educational system and activities that improve performance. This could include biographical information, educational background, awards, or other honors. **Please do not submit resumes for this portion.**

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

Section 4 – Response to Questions

In answering the questions below, provide **specific examples** and information that 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 **two** double-spaced pages.

Section 2 – Letters of Recommendation

Only **four** 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, Parent, and Student. *Please indicate the author’s association to the nominee at the top of each letter.*

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

Section 3 – Professional Biography

Describe background and experiences that influenced you to become a teacher/educator. How have you continuously participated in professional development to enhance content knowledge and improve teaching skills? What do you consider to be your greatest contributions and accomplishments in education? This could include biographical information, educational experiences, awards/honors or other activities. **Please do not submit resumes for this portion.**

Length: Maximum of **two** double-spaced pages **plus** a resume as described below.

All nominees under Packet B must include a current resume with the following information:

- A. Beginning with most recent, list colleges and universities attended, including postgraduate studies. Indicate degrees earned and dates of attendance.
- B. Beginning with most recent, list teaching employment history indicating time period, grade level, and subject area.
- C. Beginning with most recent, list professional association memberships, including information regarding offices held and other relevant activities.
- D. Beginning with most recent, list staff development leadership activity and leadership activity in the training of future teachers.
- E. Beginning with the most recent, list awards and other recognition of your teaching.

Section 4 – Response to Questions

The following questions are to be answered by the nominee using **specific examples and information** that demonstrate how well you fulfill the expectations under each of the following four categories. **Responses are to be written in first person.**

Length: Maximum of **12** double-spaced pages for completing all questions.

PHILOSOPHY OF TEACHING

Describe your personal feelings and beliefs about teaching/education, including your own ideas of what makes you an outstanding teacher/educator. Describe the rewards you find in teaching.

STUDENT SUCCESS

How have you demonstrated leadership skills and incorporated the Illinois Learning Standards and Common Core standards in your teaching for all students so that all of them have the opportunity to meet and exceed the standards?

COLLABORATION

How have you demonstrated excellence as a contributing member of a collaborative learning culture? How have you worked with colleagues, parents, families, and the community to improve teaching and learning, and to foster teamwork among students?

TEACHING PROFESSION

What do you do to strengthen and improve the teaching profession, i.e., leadership skills, collaboration, advocacy, professional development, Illinois Learning Standards, Common Core Standards, or other areas of current focus? What is or should be the basis for accountability in the teaching profession?

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, Parent, Student, or community organization. Please indicate the author's association to the nominee at the top of each letter.

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

Section 3 - Professional Biography

Describe background and experiences that led to development of the team and to its involvement in activities that led to improved student or school/district performance and/or opportunities. **Please do not submit resumes for this portion.**

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. Do not use an individual's name; just the team name should be used on all required documentation.

ILLINOIS STATE BOARD OF EDUCATION

Communications Division
100 North First Street, S-404
Springfield, Illinois 62777-0001

**THOSE WHO EXCEL EDUCATIONAL AWARDS
PROGRAM NOMINATION FORM 2019-2020**

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 or submitted electronically by close of business **Monday, June 3, 2019.**

CHECK ONE: (If other, specify title): **Dr.** **Ms.** **Miss** **Mr.** **Mrs.** **Other** (specify) _____

NAME OF NOMINEE (First, M.I., Last) (For Teams, please list TEAM name, not individual's)	How is name pronounced?
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HOME ADDRESS (Street, City, State, ZIP Code)	HOME TELEPHONE (Include area code) () -
EMAIL ADDRESS	

NAME OF PRINCIPAL (First, Last)	TELEPHONE (Include Area Code) () -	FAX (Include Area Code) () -
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ADDRESS (Street, City, State, ZIP Code)	NAME OF SCHOOL BUILDING FOR WHICH SERVICES WERE PERFORMED (Do not complete if nominee is Board Member or Superintendent)
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CHECK ONE: (If other, specify title): **Dr.** **Ms.** **Miss** **Mr.** **Mrs.** **Other** (specify) _____

NAME OF SUPERINTENDENT (First, Last)	TELEPHONE (Include Area Code) () -	FAX (Include Area Code) () -
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NAME AND NUMBER OF SCHOOL DISTRICT FOR WHICH SERVICES WERE PERFORMED (Omit for private schools)	RCDTS Code R=00 C=000 D=0000 T=00 S=0000
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ADDRESS (Street, City, State, ZIP Code)

NAME OF ORGANIZATION/INDIVIDUAL SUBMITTING NOMINATION (First, Last)	TELEPHONE (Include Area Code) () -
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ADDRESS (Street, City, State, ZIP Code)	FAX (Include Area Code) () -
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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"/> Student Support Personnel (Licensed)	CHECK ONE: <input type="checkbox"/> Media/Librarian/Audio Visual <input type="checkbox"/> Guidance Counselor	<input type="checkbox"/> Psychologist <input type="checkbox"/> Social Worker <input type="checkbox"/> Nurse	<input type="checkbox"/> Speech/Language Therapist <input type="checkbox"/> Other (specify) _____	TOTAL YEARS OF EXPERIENCE IN INDICATED FIELD _____
<input type="checkbox"/> Educational Service Personnel (Unlicensed)	CHECK ONE: <input type="checkbox"/> Cafeteria Worker <input type="checkbox"/> Janitor/Custodian	<input type="checkbox"/> Bus Driver <input type="checkbox"/> Secretary <input type="checkbox"/> Aide	<input type="checkbox"/> Crossing Guard <input type="checkbox"/> Other (specify) _____	NUMBER OF YEARS IN PRESENT POSITION _____
<input type="checkbox"/> Only one may be selected. Board Member	NUMBER OF YEARS ON PRESENT BOARD _____	TOTAL YEARS SCHOOL BOARD EXPERIENCE _____		
<input type="checkbox"/> Community Volunteer	(Submit required materials described in guidelines - no additional information needed on this form.)			
<input type="checkbox"/> Classroom Teacher (50% of time in classroom)	GRADE LEVEL _____	NUMBER OF YEARS IN PRESENT POSITION _____	TOTAL YEARS TEACHING EXPERIENCE _____	
<input type="checkbox"/> Early Career Educator	SUBJECT(S) _____			
<input type="checkbox"/> School Administrator	CHECK ONE: <input type="checkbox"/> Superintendent <input type="checkbox"/> Assistant Superintendent	<input type="checkbox"/> Principal (Asst. Prin.) <input type="checkbox"/> Other (specify) _____	NUMBER OF YEARS IN PRESENT POSITION _____	TOTAL YEARS ADMINISTRATIVE EXPERIENCE _____
<input type="checkbox"/> Team	(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.

Date

Signature of Superintendent or Chief Administrator