



## 2009 Outstanding Mathematics Teacher Award

### Part I – Personal Information (please type or print neatly)

Name: \_\_\_\_\_

#### Home Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

Home Email: \_\_\_\_\_

#### School Information

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

Principal/Supervisor's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

**Grade Level** (please check the grade level for which you are being nominated):

  

Elementary  
High School

  

Middle School/Junior High  
College/University

#### School System Information

(for those in the College/University category, please give your institution information and President's name)

Superintendent's Name: \_\_\_\_\_

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nominator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All four (4) parts of this application must be completed and submitted if the application is to be scored. Questions can be sent to [Sharon.thomas@jppss.k12.la.us](mailto:Sharon.thomas@jppss.k12.la.us). Please send your completed application and enclosures, no later than May 22, 2009, to: LATM, c/o Sharon Thomas, 4836 Belle Drive, Metairie, LA. 70006.

An electronic version of this application can be found at <http://lamath.org> under the Awards link.



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### Part II: Professional Activities

Years of Teaching Experience: \_\_\_\_\_

Grade(s) Currently Teaching: \_\_\_\_\_

Educational Background (if more space is needed, please continue on the back of this page)

Universities or Colleges Attended	Degree Awarded	Dates Attended

**Professional Development:** List all mathematics related professional development activities you have participated in for the last two years (e.g. LaSIP, MSP, workshops, professional conferences). If more space is needed, please continue on the back of this page.

Professional Development Activity	Dates Attended

**Professional Organizations:** List all professional organizations for which you are a current member (if more space is needed, please continue on the back of this page).

Professional Organization	Years of Membership

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### Part III – Professional References

Please secure two letters of recommendation. One letter should be from your principal or a supervising administrator. Letters should not exceed one typed page.

### Part IV – Professional Reflections

**Directions:** Your response to the statement below should be double-spaced, typed on 8 ½” by 11” pages, and limited to two pages. Use an appropriate 12-point font and one-inch margins. Any responses exceeding two pages will be disqualified.

The reflective statement below is designed to afford you an opportunity to discuss your career as a mathematics teacher. Please share any information that you feel will provide an accurate picture of you and your classroom.

*Show evidence of how your teaching style reflects your philosophy about how students learn mathematics. Discuss how your classroom practice is standards-based, innovative and unique. Give insight of how students are actively engaged and how individual learning styles are addressed in your classroom. Feel free to cite anecdotal evidence.*

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