



LOUISIANA ASSOCIATION of
TEACHERS of MATHEMATICS

2010 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: _____

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

All four (4) parts of this application must be completed and submitted if the application is to be scored. Questions can be sent to maryanne.smith@stpsb.org. Please send your completed and submitted application and enclosures, no later than May 7, 2010, to: LATM, c/o Maryanne Smith, Post Office Box 538, Mandeville, LA 70470

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



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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

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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