

Nomination Form
Wisconsin Division for Early Childhood & Wisconsin Early Childhood Association
(To be awarded at Fall 2010 Conference)

Name of Award: Student Teacher of the Year

Nominee: _____

Home Address: _____

Phone: _____ (work) _____ (home)

E-mail address _____

College/University: _____

Student Teaching Experience (location / age or grade level / beginning & end dates)

Please describe the nominee's qualifications. Attach additional page as needed.
(Note: Award recipient will also receive a \$100 stipend) (Priority will be given to student teachers who demonstrate the interest and ability to meet the needs of diverse learners, i.e. children with disabilities, children from diverse cultural backgrounds or English Language learners.)

Please list two references (advisor, supervising teacher/administrator) we may contact if we need additional information:

Name/Position _____ Phone _____

Name/Position _____ Phone _____

Your Signature _____ Date _____

Your Name _____ Phone _____

Address _____

Please return this completed form by July 1, 2010 to:

Ruth Nyland
4528 Kensington Court
Eau Claire, WI 54701