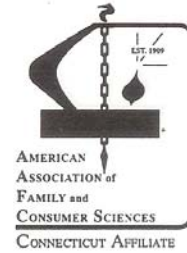


**American Association of Family and Consumer Sciences  
Connecticut Affiliate  
Teacher of the Year  
Nomination Form**



1. Nominee: \_\_\_\_\_

2. Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Telephone: Home: \_\_\_\_\_ School: \_\_\_\_\_

4. AAFCS Membership Number: \_\_\_\_\_

5. Name of School: \_\_\_\_\_

6. School Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Position/Title: \_\_\_\_\_

8. Grade(s) Taught: \_\_\_\_\_

9. Title of Nominee's Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Program focus Area (check only one):

- \_\_\_\_\_ Career Awareness / Job Skill Training
- \_\_\_\_\_ Consumer Education / Family Finance
- \_\_\_\_\_ Creative Dimensions / Alternative Program Designs
- \_\_\_\_\_ Family Life / Personal and Social Development
- \_\_\_\_\_ Nutrition Education / Diet and Health

11. Identify colleges/universities you have attended. List the most recent first.

<b>Degree</b>	<b>Major</b>	<b>Institution</b>	<b>Date Received</b>

12. Professional Experience (list most recent first).

<b>Position</b>	<b>Employer</b>	<b>Dates</b>	<b>Function/Responsibilities</b>

13. Professional/Honorary Activities and Affiliations

<b>Organization</b>	<b>Year of membership Positions Held/Honors Received</b>

14. Was this program created by the nominee? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. How long has the program been implemented by the nominee? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

State the primary focus of the program and identify the areas it was designed to address. Briefly identify the goals or objective of the program. What is the group or audience, which will gain from the program? Highlight ways in which the goals have been and are being accomplished.

Nominating person: \_\_\_\_\_

Position: \_\_\_\_\_

If other than self, please write a brief statement qualifying your knowledge of the nominee's program and accomplishments.

Address of nominating person: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ School \_\_\_\_\_

Signature: \_\_\_\_\_

***All applications must be postmarked by September 30<sup>th</sup>.***

Selection is according to the AAFCS Guidelines. For help or information please call **Shirley Randazzo at 860/875-7522**. Announcement of the winner of the state award will be made in the AAFCS winter newsletter, and the winner will be celebrated at the Spring Meeting. All entries should be sent to:

Shirley Randazzo, 47 Hayes Avenue, Ellington, CT 06029