



**IISD TEACHER OF THE MONTH
NOMINATION FORM**

To nominate a professional employee for Teacher of the Month, please complete this form. If additional space or documents are desired, please attach to this form. Return to Human Resources, after getting the principal or supervisor's signature.

Nominee _____ **Dept./Campus** _____

Present Job Assignment _____

Length of Service in IISD _____

Other Positions Held in IISD

Community Activities

Reason for Nomination – Include Special Training/Areas of Expertise as Well as Leadership Role in Improving Student Achievement at the Campus or District Level

Signature of Principal/Supervisor _____	Date _____
--	-------------------